EXHIBIT B44

Case 3:16-md-02738-MAS-RLS Document 9733-18 Filed 05/07/19 Page 2 of 85 PageID: 35654

Robert Kurman, M.D.

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IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NEW JERSEY

IN RE JOHNSON & JOHNSON :
TALCUM POWDER PRODUCTS :
MARKETING, SALES PRACTICES, AND :
PRODUCTS LIABILITY LITIGATION :

: NO. 16-2738 : (FLW) (LHG)

THIS DOCUMENT RELATES TO ALL CASES

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APRIL 2, 2019

Videotaped deposition of ROBERT KURMAN, M.D. held in the offices of Duane Morris, LLP, 100 North City Parkway, Suite 1560, Las Vegas, Nevada, commencing at 9:26 A.M., on the above date before Pamela Cotten, CSR, RDR, Certified Realtime Reporter, Certificate No. 4497.

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GOLKOW LITIGATION SERVICES 877.370.3377 ph | 917.591.5672 fax deps@golkow.com

Robert Kurman, M.D.

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1	APPEARANCES:	1 INDEX	
2 3 4	For the Plaintiffs: BEASLEY ALLEN LAW FIRM BY: DAVID DEARING, ESQ.	2 3 Witness: ROBERT KURMAN, M.D. 4 Examination: Page	
5	218 Commerce Street Montgomery, Alabama 36104	5 BY MR. DEARING8, 325	
6	(334) 269-2343 david.dearing@beasleyallen.com	7	
7	ROBINSON CALCAGNIE, INC.	8 9	
8	BY: CYNTHIA L. GARBER, ESQ. 19 Corporate Plaza Drive Newport Beach, California 92660	10 EXHIBITS 11 Deposition Description Page	
10	(949) 720-1288 Fax - (949) 720-1292	12 Exhibit 1 Expert Report of Robert J. 10	
11	cgarber@robinsonfirm.com	Kurman, M.D., for General Causation Daubert Hearing	
12	HAUSFELD BY: STEVEN B. ROTMAN, ESQ.	14 Exhibit 2 Defendants' Response to 11 Plaintiffs' Document	
13	One Marina Park Drive, Suite 1410 Boston, Massachusetts 02210	15 Requests Contained in Notice of Oral and Videotaped	
14 15 16	(617) 207-0600 srotman@hausfeld.com For the Defendants Johnson & Johnson Entities:	16 Deposition of Robert Kurman, M.D., and Duces	
17	FOR the Detendants Johnson & Johnson Entities: SHOOK, HARDY & BACON, LLP BY: HUNTER AHERN, ESQ.	17 Tecum 18 Exhibit 3 IARC's Mission Statement 75	
18	600 Travis Street, Suite 3400 Houston, Texas 77002	19 Exhibit 4 Document Titled "Special 78 Report: Policy, A Review of	
19 20	(713) 227-8008 hahem@shb.com	20 Human Carcinogens - Part C: Metals, Arsenic, Dusts, and	
21	DRINKER, BIDDLE & REATH, LLP BY: KATHERINE MCBETH, ESQ.	21 Fibres" 22 Exhibit 5 Excerpts from IARC Monograph 102	•
22	One Logan Square, Suite 2000 Philadelphia, Pennsylvania 19103-6996 (215) 988-2706	"Arsenics, Metal, Fibres, 23 and Dusts," Volume 100C	
23 24	katherine.mcbeth@dbr.com	24 25 and Dusts, Volume 100C	
25			
	Page 3	Page !	5
1 2	A P P E A R A N C E S (Continued):	1 EXHIBITS (Continued)	
3 4	For the Defendant PTI Royston LLC and PTI Union LLC: TUCKER ELLIS LLP BY: MICHAEL C. ZELLERS, ESQ.	2 3 Deposition Description Page 4 Exhibit 6 Article Titled "Correlative 190 Polarizing Light and	
5	42nd Floor 515 South Flower Street	5 Scanning Electron Microscopy for the Assessment of Talc	
6	Los Angeles, California 90071-2223	6 in Pelvic Region Lymph Nodes" by Sandra A.	
7 8	(213) 430-3400 michael.zellers@tuckerellis.com TUCKER ELLIS LLP	7 McDonald, et al. 8 Exhibit 7 Photocopy of Chapter 27, 216 Epidemiology, Page 1301	
9	BY: MICHAEL ANDERTON, ESQ. 950 Main Avenue, Suite 1100	9 Exhibit 8 Article Titled 241 10 "Histopathologic Review of	
10	Cleveland, Ohio 44113-7213 (216) 592-5000	Granulomatous Inflammation" 11 by Kabeer K. Shah, et al.	
	(216) 392-3000 michael.anderton@tuckerellis.com	12 Exhibit 9 Excerpts from Blaustein's 255 Pathology of the Female	
11 12	For Personal Care Products:	13 Genital Tract, Fourth Edition, Pages 376, 539, 14 540, 648, 1216, 127, & 1218	
13	SEYFARTH SHAW LLP BY: JAMES R. BILLINGS-KANG, ESQ.	14 540, 648, 1216, 127, & 1218 15 Exhibit 10 Letter to the Editor Titled 264 "Tale Should Not be Used for	
14	975 F Street, N.W. Washington, D.C. 20004-1454	16 Pleurodesis in Patients with Nonmalignant Pleural	
15	(202) 463-2400 jbillingskang@seyfarth.com	17 Effusions" by Andrew J. Ghio, et al.	
16 17	ALSO PRESENT:	18 Exhibit 11 Article Titled "Molecular 269 19 Bias Supporting the	
18 19	DARNELL BROWN, Videographer	Association of Talcum Powder Use with Increased Risk of	
20		Ovarian Cancer" by Nicole M. 21 Fletcher, PhD, et al.	
21		22 Exhibit 12 Article Titled "On Talc 279 Translocation from the	
23 24		23 Vagina to the Oviducts and Beyond" by A.P. Wehner, et al.	
25		25 al.	

2 (Pages 2 to 5)

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1	EXHIBITS	1	MR. ZELLERS: Michael Zellers on behalf of the
	(Continued)	2	Johnson & Johnson defendants.
2		3	MS. AHERN: Hunter Ahern on behalf of Johnson &
3	Deposition Description Page	4	Johnson defendants.
4	Exhibit 13 Article Titled "The Lack of 283 an Ovarian Effect of	5	VIDEO OPERATOR BROWN: The court reporter is Pam
5	Lifetime Talc Exposure in	6	Cotten, who will now swear in the witness.
	F344/N Rats and B6C3F1 Mice"	7	Cotten, who will now swear in the witness.
6		8	ROBERT KURMAN, M.D.,
-	Exhibit 14 Article Titled "Systematic 321	9	called as a witness, and having been first duly sworn by
7	Review and Meta-Analysis of the Association Between	10	the Certified Shorthand Reporter, was examined and
8	Perineal Use of Talc and	11	testified as follows:
	Risk of Ovarian Cancer" by	12	testified as follows:
9	Mohamed Kadry Taher, et al.	13	EVAMBIATION
10 11			EXAMINATION DV ND DE ADDIC
12		14	BY MR. DEARING:
13		15	Q Good morning, Doctor.
14		16	A Good morning.
15		17	Q We've met at least twice, I think. But I'm
16 17		18	David Dearing. I represent the plaintiffs in this
18		19	litigation, and I'm going to be asking you some
19		20	questions.
20		21	You've been produced as an expert by Johnson &
21		22	Johnson in this case. So, first of all, if you would,
22 23		23	state your name, please.
24		24	A Robert Kurman.
25		25	Q What did you do to prepare for this
	Page 7		Page 9
1	LAS VEGAS, NEVADA - TUESDAY, APRIL 2, 2019,	1	deposition?
2	9:26 A.M.	2	A Well, you have to go back into my career. I
3	VIDEO OPERATOR BROWN: Good morning. We are now on	3	guess, in a way, I've been preparing for a long time,
4	the record. My name is Darnell Brown, and I'm the	4	so to speak.
5	videographer with Golkow Litigation Services. Today's	5	I was a gynecologic pathologist for almost
6	date is April 2nd, 2019, and the time is 9:26 A.M.	6	40 years. And during the course of my career which
7	This video deposition is being held in	7	involves teaching and research and clinical care,
8	Las Vegas, Nevada, in the matter of In Re Talc for	8	attending meetings, reviewing articles submitted to
9	United States District Court, Eastern District of New	9	journals I would be constantly reading the
10	Jersey.	10	literature in gynecologic pathology, which, of course,
11	The deponent is Dr. Robert Kurman.	11	included ovarian cancer.
12	Counsel, please identify yourselves for the	12	Q Can I just cut you off.
13	record.	13	What have you done in the last ten days to
14	MR. DEARING: David Dearing from Beasley Allen for	14	prepare for this deposition?
_ 1	the plaintiffs.	15	A I've read over the defense the plaintiffs'
15		1 10	
15 16	•	16	gynecologic nathology expert and gone over papers that
16	MS. GARBER: Cynthia Garber, Robinson Calcagnie,	16 17	gynecologic pathology expert and gone over papers that
16 17	MS. GARBER: Cynthia Garber, Robinson Calcagnie, for the plaintiffs.	17	she's referred to. I've gone over my report and
16 17 18	MS. GARBER: Cynthia Garber, Robinson Calcagnie, for the plaintiffs. MR. ROTMAN: Steve Rotman, Hausfeld, for the	17 18	she's referred to. I've gone over my report and perhaps googled a few things here and there. Oh,
16 17 18 19	MS. GARBER: Cynthia Garber, Robinson Calcagnie, for the plaintiffs. MR. ROTMAN: Steve Rotman, Hausfeld, for the plaintiffs.	17 18 19	she's referred to. I've gone over my report and perhaps googled a few things here and there. Oh, PubMed, too.
16 17 18 19 20	MS. GARBER: Cynthia Garber, Robinson Calcagnie, for the plaintiffs. MR. ROTMAN: Steve Rotman, Hausfeld, for the plaintiffs. MR. BILLINGS-KANG: James Billings-Kang from	17 18 19 20	she's referred to. I've gone over my report and perhaps googled a few things here and there. Oh, PubMed, too. Q Did you have meetings with Johnson & Johnson
16 17 18 19 20 21	MS. GARBER: Cynthia Garber, Robinson Calcagnie, for the plaintiffs. MR. ROTMAN: Steve Rotman, Hausfeld, for the plaintiffs. MR. BILLINGS-KANG: James Billings-Kang from Seyfarth Shaw, Personal Care Products' counsel.	17 18 19 20 21	she's referred to. I've gone over my report and perhaps googled a few things here and there. Oh, PubMed, too. Q Did you have meetings with Johnson & Johnson lawyers in preparation for this deposition?
16 17 18 19 20 21 22	MS. GARBER: Cynthia Garber, Robinson Calcagnie, for the plaintiffs. MR. ROTMAN: Steve Rotman, Hausfeld, for the plaintiffs. MR. BILLINGS-KANG: James Billings-Kang from Seyfarth Shaw, Personal Care Products' counsel. MR. ANDERTON: Michael Anderton, Tucker Ellis, for	17 18 19 20 21 22	she's referred to. I've gone over my report and perhaps googled a few things here and there. Oh, PubMed, too. Q Did you have meetings with Johnson & Johnson lawyers in preparation for this deposition? A I did.
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16 17 18 19 20 21	MS. GARBER: Cynthia Garber, Robinson Calcagnie, for the plaintiffs. MR. ROTMAN: Steve Rotman, Hausfeld, for the plaintiffs. MR. BILLINGS-KANG: James Billings-Kang from Seyfarth Shaw, Personal Care Products' counsel. MR. ANDERTON: Michael Anderton, Tucker Ellis, for	17 18 19 20 21 22	she's referred to. I've gone over my report and perhaps googled a few things here and there. Oh, PubMed, too. Q Did you have meetings with Johnson & Johnson lawyers in preparation for this deposition? A I did.

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Robert Kurman, M.D.

	Page 10		Page 12
1	A I didn't keep track of the meetings per se	1	BY MR. DEARING:
2	the time spent on the meetings per se.	2	Q It's okay if you haven't seen it; I just don't
3	Q Can you estimate.	3	know.
4	A I hesitate not to estimate, since I'm under	4	MR. DEARING: I'll just hand them to you, Cynthia,
5	oath and I want to try to be as specific as possible.	5	and you give them to anybody who wants it.
6	Q One of the advantages of being an expert is	6	MS. GARBER: I'll be your paralegal today.
7	you're allowed to estimate. So can you give me a	7	MR. DEARING: Thank you. Then we can trade if you
8	ballpark? Was it ten hours?	8	want.
9	MS. AHERN: Objection. Form.	9	THE WITNESS: No, I didn't see this.
10	THE WITNESS: Maybe 15.	10	BY MR. DEARING:
11	BY MR. DEARING:	11	Q Okay. One of the things in this document that
12	Q Have you billed them for that time yet?	12	I just gave you, Exhibit 2, is a supplemental reference
13	A Some of it.	13	list, and it's the last four last three pages. It
14	(The document referenced below was	14	actually starts with page number 1 in the back of the
15	marked Deposition Exhibit 1 for	15	document.
16	identification and is appended hereto.)	16	Do you see that?
17	BY MR. DEARING:	17	A Yes.
18	Q I'm going to hand you a composite exhibit,	18	Q And at the very top, there's a list of
19	which I've marked as Exhibit Number 1. And it is your	19	reports.
20	report, your CV, and your reference list and the	20	Do you see that list?
21	appendixes appendices with your report. So feel	21	A Yes.
22	free to refer to that as much as you need to.	22	Q Those are all defense witnesses in this case,
23	I have copies for other people if anybody else	23	aren't they?
24	wants a stack. I made six copies of everything. I	24	A Yeah, it looks that way.
25	hope we have enough.	25	Q Have you read all those reports?
	Page 11		Page 13
1	BY MR. DEARING:	1	A No, I have not.
2	Q So have you had a chance to just glance	2	Q Any idea why they would be on your reference
3	through what I just handed you?	3	list if you haven't read them?
4	A Yes.	4	A They were offered to me, but I didn't read
5	Q Okay. And does that look like your report,	5	them all.
6	your CV, your reference list, that kind of thing?	6	Q Have you read any of them?
7	A Yes.	7	A I did.
8	Q And did you write this report?	8	Q Which ones have you read?
9	A I sure did.	9	A Dr. Michael Birrer, Dr. Jeff Boyd, Dr. Gregory
10	(The document referenced below was	10	Diette, Dr. Ie-Ming Shih, and Brooke Mossman.
11	marked Deposition Exhibit 2 for	11	Q And I think you mentioned that you read the
12	identification and is appended hereto.)	12	report of Dr. Kane; right?
13	BY MR. DEARING:	13	A I did.
14	Q Yesterday, I was given another document that	14	Q A plaintiff expert?
15	I'm marking as Exhibit 2, and it's entitled	15	A Yes.
16	"Defendants' Response to Plaintiffs' Document Requests	16	Q Did you read any other report of plaintiff
17	Contained in Notice of Oral and Videotaped Deposition	17	experts?
18	of Robert Kurman, M.D., and Duces Tecum."	18	A No, I did not.
19	Have you ever seen this document before?	19	Q Have you relied on any other materials that
20	MS. AHERN: Is that Exhibit 2?	20	aren't contained in your original reference list or
	MR. DEARING: It's Exhibit 2, yes.	21	this new reference list that I got yesterday?
21			A No I have not
22	THE WITNESS: This is what you showed me yesterday,	22	A No, I have not.
22 23	isn't it? Is this what you showed me yesterday?	23	Q And for clarity, did you prepare this
22			

4 (Pages 10 to 13)

	Page 14		Page 16
1	Q Did you ask someone to prepare that list?	1	able to say they were board-certified. They wanted to
2	A No, I didn't.	2	completely compete it excuse me completely
3	Q And the first time you saw it was this	3	confine it to pathologists. So they didn't approve of
4	morning?	4	having a board specialty.
5	A You asked me about this originally. I said I	5	Q But you can get board-certified in pathology;
6	didn't see it. Honestly, I didn't look at the last	6	right?
7	three pages.	7	A Oh, certainly.
8	Q Okay.	8	Q Now, you've been deposed several times in this
9	A When you mention that, I did see that before,	9	litigation; right?
10	the reference list.	10	A A few times, yes.
11	Q Okay. But you didn't prepare it?	11	Q And you've actually testified in at least one
12	A But I did not prepare it, no.	12	trial; right?
13	Q Have you reviewed any internal corporate	13	A Yes. I think you were the person that
14	documents, emails, or testing data of Johnson & Johnson	14	Q It was me.
15	and Imerys?	15	Have you testified in any other trials?
16	A No, I haven't.	16	A No.
17	Q As I understand it, you are now a retired	17	Q And each time you testified, you took an oath
18	gynecologic pathologist; is that right?	18	to tell the truth, the whole truth; right?
19	A That's correct.	19	A Yes.
20	Q Congratulations.	20	Q And did you do that?
21	A Thank you.	21	A I did.
22	Q And I understand that your medical license has	22	Q And do you still stand by the testimony you
23	lapsed as well; right?	23	gave previously in this litigation?
24	A I have a medical license in Nevada.	24	MS. AHERN: Objection. Form.
25	Q Oh, you do?	25	THE WITNESS: Well, I'd like to see what if
	Page 15		Page 17
1	A I do.	1	you're referring to specifically, I'd like to see it.
2	Q Do you agree with me that gynecologic	2	But I told the truth then, and I'm telling the truth
3	pathology is not a recognized subspecialty of the	3	now.
4	American Board of Pathology?	4	BY MR. DEARING:
5	A Gynecologic pathology is a an acknowledged	5	Q Do you believe your report is a fair and
5 6	A Gynecologic pathology is a an acknowledged subspecialty that we have in virtually all major	1	
	subspecialty that we have in virtually all major	5	Q Do you believe your report is a fair and
6		5 6	Q Do you believe your report is a fair and balanced statement of the science on the issues that
6 7	subspecialty that we have in virtually all major institutions, but it is not a board specialty.	5 6 7	Q Do you believe your report is a fair and balanced statement of the science on the issues that you address?
6 7 8	subspecialty that we have in virtually all major institutions, but it is not a board specialty. Q So you can't become board-certified in	5 6 7 8	Q Do you believe your report is a fair and balanced statement of the science on the issues that you address? A I certainly do.
6 7 8 9	subspecialty that we have in virtually all major institutions, but it is not a board specialty. Q So you can't become board-certified in gynecologic pathology; correct?	5 6 7 8 9	 Q Do you believe your report is a fair and balanced statement of the science on the issues that you address? A I certainly do. Q When you wrote your report in this case, who
6 7 8 9 10	subspecialty that we have in virtually all major institutions, but it is not a board specialty. Q So you can't become board-certified in gynecologic pathology; correct? A Well, the point is that, in order to do expert	5 6 7 8 9	Q Do you believe your report is a fair and balanced statement of the science on the issues that you address? A I certainly do. Q When you wrote your report in this case, who was your intended audience or your intended reader?
6 7 8 9 10 11	subspecialty that we have in virtually all major institutions, but it is not a board specialty. Q So you can't become board-certified in gynecologic pathology; correct? A Well, the point is that, in order to do expert work in gynecologic pathology, you need to really train	5 6 7 8 9 10	 Q Do you believe your report is a fair and balanced statement of the science on the issues that you address? A I certainly do. Q When you wrote your report in this case, who was your intended audience or your intended reader? A I was responding specifically to the report of
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6 7 8 9 10 11 12	subspecialty that we have in virtually all major institutions, but it is not a board specialty. Q So you can't become board-certified in gynecologic pathology; correct? A Well, the point is that, in order to do expert work in gynecologic pathology, you need to really train in it, as your plaintiffs' expert did. But you don't need specific board certification.	5 6 7 8 9 10 11 12 13	Q Do you believe your report is a fair and balanced statement of the science on the issues that you address? A I certainly do. Q When you wrote your report in this case, who was your intended audience or your intended reader? A I was responding specifically to the report of Dr. Kane, but I assumed that other individuals who were involved with this litigation would probably be reading
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6 7 8 9 10 11 12 13 14 15 16 17 18	subspecialty that we have in virtually all major institutions, but it is not a board specialty. Q So you can't become board-certified in gynecologic pathology; correct? A Well, the point is that, in order to do expert work in gynecologic pathology, you need to really train in it, as your plaintiffs' expert did. But you don't need specific board certification. And, in fact, there was many years ago, there was and I was at the meeting. My predecessor at Hopkins, Dr. Don Woodruff, who was a gynecologist but had done a lot of gynecologic pathology in fact, he did the gynecologic pathology at Hopkins before I was there went to a meeting of the International	5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q Do you believe your report is a fair and balanced statement of the science on the issues that you address? A I certainly do. Q When you wrote your report in this case, who was your intended audience or your intended reader? A I was responding specifically to the report of Dr. Kane, but I assumed that other individuals who were involved with this litigation would probably be reading it. Q Did you write it thinking that the judge would read it? A I assumed that that would eventually occur. Q When you were first contacted by Johnson & Johnson regarding this talcum powder litigation, isn't
6 7 8 9 10 11 12 13 14 15 16 17 18	subspecialty that we have in virtually all major institutions, but it is not a board specialty. Q So you can't become board-certified in gynecologic pathology; correct? A Well, the point is that, in order to do expert work in gynecologic pathology, you need to really train in it, as your plaintiffs' expert did. But you don't need specific board certification. And, in fact, there was many years ago, there was and I was at the meeting. My predecessor at Hopkins, Dr. Don Woodruff, who was a gynecologist but had done a lot of gynecologic pathology in fact, he did the gynecologic pathology at Hopkins before I was there went to a meeting of the International Society of Gynecologic Pathologists and asked that it	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q Do you believe your report is a fair and balanced statement of the science on the issues that you address? A I certainly do. Q When you wrote your report in this case, who was your intended audience or your intended reader? A I was responding specifically to the report of Dr. Kane, but I assumed that other individuals who were involved with this litigation would probably be reading it. Q Did you write it thinking that the judge would read it? A I assumed that that would eventually occur. Q When you were first contacted by Johnson & Johnson regarding this talcum powder litigation, isn't it true that you had never researched the relationship
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6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	subspecialty that we have in virtually all major institutions, but it is not a board specialty. Q So you can't become board-certified in gynecologic pathology; correct? A Well, the point is that, in order to do expert work in gynecologic pathology, you need to really train in it, as your plaintiffs' expert did. But you don't need specific board certification. And, in fact, there was many years ago, there was and I was at the meeting. My predecessor at Hopkins, Dr. Don Woodruff, who was a gynecologist but had done a lot of gynecologic pathology in fact, he did the gynecologic pathology at Hopkins before I was there went to a meeting of the International Society of Gynecologic Pathologists and asked that it be made a board specialty. And the pathologists resisted. They didn't	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q Do you believe your report is a fair and balanced statement of the science on the issues that you address? A I certainly do. Q When you wrote your report in this case, who was your intended audience or your intended reader? A I was responding specifically to the report of Dr. Kane, but I assumed that other individuals who were involved with this litigation would probably be reading it. Q Did you write it thinking that the judge would read it? A I assumed that that would eventually occur. Q When you were first contacted by Johnson & Johnson regarding this talcum powder litigation, isn't it true that you had never researched the relationship between genital talc use and ovarian cancer? MS. AHERN: Objection. Form.

Page 18 Page 20 BY MR. DEARING: 1 MS. AHERN: Objection. Misstates. 2 Q No. Before the MDL --2 THE WITNESS: I said before Johnson & Johnson 3 A Okay. 3 contacted me, there was, in the gynecologic pathology 4 4 Q -- when Johnson & Johnson first came to you, community, never -- never a question of talc being 5 5 at that time, you had not researched the issue of involved with ovarian cancer. So, therefore, I wasn't 6 6 genital talcum powder use and ovarian cancer; right? doing research on talc and ovarian cancer. 7 7 MS. AHERN: Objection. Form. BY MR. DEARING: 8 THE WITNESS: That's correct, because amongst -- in 8 Q Based on the research you've done since 9 pathologists in the community and gynecologists, as far 9 Johnson & Johnson contacted you, you're aware that 10 10 as I know, there was never a question that talc was there are gynecologic pathologists who have published 11 11 involved with ovarian cancer, so there was no need for on this very topic, right, before Johnson & Johnson 12 12 me to really pursue it. contacted you; right? 13 MS. AHERN: Objection. Form. Mischaracterizing 13 BY MR. DEARING: 14 Q Well, when was that that Johnson & Johnson 14 the literature. approached you to be a witness for them for the first 15 BY MR. DEARING: 15 16 time? 16 Q William Welch at Harvard, for example, has A It was about 2015. 17 17 published on this. 18 Q So there was lots of literature out there and 18 He's a gynecologic pathologist; right? 19 studies about the association or purported association 19 A I know Bill Welch quite well and --20 between genital talc use and ovarian cancer; right? 20 Q I'm just using him as an example. 21 MS. AHERN: Objection. Form. 21 A Yeah, right. Right. In his -- he's on the 2.2 THE WITNESS: They were epidemiology studies, which 22 paper, but I don't think he ever acknowledges that he 2.3 I think never rose to the level of being of interest to 23 says he supports talc as being a cause of ovarian 2.4 24 gynecologic pathologists -- gynecologic pathologists, cancer. I think he reviewed the pathology, and what 25 25 for sure. his -- to make sure that these were whatever the Page 19 Page 21 BY MR. DEARING: 1 authors were saying were ovarian cancers. 1 2 2 Q All those scientists that wrote those studies Q My point is, before Johnson & Johnson 3 would be disappointed to hear you say that. 3 contacted you to be one of their experts, there was 4 4 But there were also animal studies, weren't some interest among some gynecologic pathologists about 5 5 this issue of talc and ovarian cancer, right --6 6 MS. AHERN: Objection. Form. MS. AHERN: Objection. Form. 7 7 THE WITNESS: Maybe. I don't know. BY MR. DEARING: 8 8 BY MR. DEARING: Q -- as evidenced by the publications that they 9 Q There were also cell studies, looking at the 9 put their name on? 10 effects of talc on -- on cell structures and cells --10 MS. AHERN: Objection. Form. 11 MS. AHERN: Object. 11 THE WITNESS: As I said, Bill Welch, who I honestly 12 12 BY MR. DEARING: didn't speak to specifically about this topic, but I Q -- before Johnson & Johnson contacted you; 13 13 can -- at meetings, he's never brought it up. So I 14 14 right? assumed -- assume. 15 MS. AHERN: Objection. Form. 15 I should say that, based on those 16 THE WITNESS: As I said, I didn't -- as you -- I 16 publications, I -- he reviewed those cases. He said 17 didn't read the literature on it before, so I have 17 they were ovarian cancers, but I don't know if there's 18 no -- no idea. 18 any evidence that he indicated that he believed that 19 BY MR. DEARING: 19 talc caused ovarian cancer. 2.0 Q So when you -- I don't want to put words in 20 BY MR. DEARING: 21 your mouth. 21 Q And you understand I'm not talking about just 22 Did you say that, before Johnson & Johnson 22 Dr. Welch. 23 contacted you, it wasn't important to you? 23 I'm talking about other gynecologic 24 I don't remember what you said. 24 pathologists have contributed to papers, studies on the 25 A I --25 issue of talc and ovarian cancer before Johnson &

	Page 22		Page 24
1	Johnson came to you and hired you as an expert; right?	1	mean?
2	MS. AHERN: Objection. Form.	2	A Well, there may if there was a study that
3	BY MR. DEARING:	3	had if there was some kind of exposure to talc that
4	Q Are you aware of those papers?	4	I was looking under the microscope, I would assume that
5	A You'll have to show them to me.	5	it would that it would create a foreign-body giant
6	Q Okay.	6	cell granulomatous inflammation. And I would,
7	A Please.	7	therefore, have polarized it, perhaps looked at that
8	Q Okay. So none come to mind, as we sit here?	8	that way. But it haven't seen that.
9	A You'll have to show them to me.	9	MR. DEARING: Okay. Move to strike as
10	Q Okay. And would you also agree that, before	10	nonresponsive.
11	Johnson & Johnson hired you, many other scientists in	11	BY MR. DEARING:
12	other fields were quite interested in the issue of	12	Q My question is, have you looked at tale or
13	genital talc use and ovarian cancer and were publishing	13	Johnson & Johnson body powder products under a
14	on it?	14	microscope?
15	MS. AHERN: Objection. Form.	15	A I have not looked at talc, Johnson & Johnson
16	THE WITNESS: As I said, since I did not research	16	products, as far as I know, under the microscope.
17	the area of talc use and the possible talc exposure to	17	Q Have you ever studied gynecologic tissue
18	the development of ovarian cancer prior to the time	18	I'm sorry. Strike that.
19	that Johnson & Johnson contacted me, I wasn't aware of	19	Have you ever studied talc in gynecologic
20	those studies.	20	tissue under a microscope, you specifically?
21	BY MR. DEARING:	21	A I thought I just answered that question.
22	Q All right. But since then, since you've been	22	Isn't that what you just asked me?
23	hired by Johnson & Johnson, you've done a lot of	23	Q No. I asked if you looked at the powder. Now
24	research on it and you've seen that studies were	24	I'm asking you about tissue.
25	published long before Johnson & Johnson hired you, even	25	A Oh. So your first question was talc powder
	published long before romison as romison miled you, even		11 On. 30 your institution was take powder
	Page 23		Page 25
1	as far back as the '70s, on this very topic; right?	1	not being in tissue?
2	A I've seen, since my research on the subject,	2	Q Right. My first question didn't mention
3	yes, that there have been studies that were performed	3	tissue at all.
4	before 2015.	4	Do you need me to ask it again?
5	Q And you've never published on the topic of	5	A Well, certainly. I don't look at I look at
6	talc and ovarian cancer; correct?	6	tissue. I never look at things that are not tissue.
7	A No, I have not.	7	Q Okay. You don't think it's important to look
8	Q And you've never lectured on it?	8	at the morphology and characteristics of talc by itself
9	A I have never lectured on it.	9	in order to assist you in looking at talc in tissue?
10	Q Have you ever studied talc, and specifically	10	A No. If I see it in tissue, I'd recognize it,
11	Johnson & Johnson's baby powder or Shower to Shower	11	as I mentioned with polarization. Seeing a
12	product, under a microscope?	12	foreign-body giant cell reaction, polarizing it there,
13	MS. AHERN: Objection. Form.	13	seeing birefringent particles, might be talc.
14	THE WITNESS: I have not specifically done a study	14	Q Have you studied talc in gynecologic tissue
15	looking at talc exposure in tissues under the	15	under a microscope?
16	microscope.	16	A Okay. So now we are talking about tissue.
17	BY MR. DEARING:	17	Q Yeah.
18	Q Have you even looked at just plain talc under	18	A I have not.
19	a microscope?	19	Q And you just said that you could look at talc
20	A Not specifically, no, I have not.	20	in tissue and recognize it by polarized light.
21	Q Have you looked at it nonspecifically?	21	Isn't it true that you hardly ever do that?
22	What do you mean by that?	22	MS. AHERN: Objection. Form.
			BY MR. DEARING:
23	MS. AHERN: Objection. Form.	23	BI WK. DEAKING.
23 24	MS. AHERN: Objection. Form. BY MR. DEARING:	24	Q In fact, I think those were your actual words,
	-		

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A Well, let me describe the situation to you. I don't routinely look at tissue using polarized light. There's got to be an indication.

The indication is, do I see a foreign-body giant cell reaction? Then I would say, "Ah, there may be something here that's polarizable." Then I would polarize it.

- Q That doesn't happen very often, does it?
- A It does not happen very often.
- Q Have you ever participated in any lab study of cellular reaction to talc exposure?
- A I haven't --

13 MS. AHERN: Objection. Form.

THE WITNESS: I have not participated. I'm not a laboratory scientist. I'm not a bench scientist. I'm a surgical pathologist.

17 BY MR. DEARING:

- Q And you're not qualified to perform analytical scanning electron microscopy or transmission electron microscopy or Raman spectroscopy, are you?
- A Those techniques are not those -- I don't use those techniques.
- Q You've served on many peer review and editorial committees for a variety of journals and professional publications.

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decides how to respond to those comments. And then that's resubmitted to the -- to the editor. And then the editor, again, makes a decision. Did these authors provide enough explanation to now have successfully addressed the concerns of the reviewers? Or, hmm, maybe not, in which case they might send it back to the reviewers and ask them again to review the paper.

And it goes through the same process again of the reviewers saying, well, yes, they have addressed the questions, or, no, they haven't addressed the questions and, therefore, again submit their recommendation to the editor.

- Q And that's been your experience and your own participation either by submitting general publications for publication or serving on these review committees?
- A Yes.
 - Q And would you agree that the primary purpose of the peer review process is to validate proposed scientific findings, methodologies, opinions, and hypotheses so that bad science doesn't get published in journals?
- 22 MS. AHERN: Objection. Form.

THE WITNESS: The responsibility of the reviewers is to perform a fair review of the science and determine whether that science has been -- is

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Can you describe how that peer review process typically works?

A Sure. Paper's submitted to a journal. The editor looks it over and determines, among the people on the editorial board or people not necessarily on the editorial board, who has the necessary expertise or interest in the area to review the paper and provide a commentary on it, pointing out whether the paper is acceptable as submitted or are there problems with it that need to be addressed by the authors.

So that reviewer then submits a report back to the editor. The editor reviews it, looks at it, one reviewer's comments -- and invariably it is sent to more than one reviewer -- and compares the review of one reviewer to the review of another.

If they're concordant the editor, based on that editor's judgment, would probably agree and say, based on these reviewers' comments, I will either accept the paper, I will reject it out of hand, or I will resubmit it to the authors and say it's -- the reviewers have deemed that your paper is acceptable with the provision that you address certain specific issues. And those issues are listed for the -- for the author to look at.

And the author reviews those comments and then

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appropriate -- is reliable, is valid, and, therefore,
 agree or disagree, as I said earlier, to either reject
 or accept the paper.

BY MR. DEARING:

- Q None of the opinions that you're offering today regarding talc and ovarian cancer have ever been published or have ever gone through any peer review process, have they?
 - A That's correct.
- Q Have you tried to publish your opinions about tale and ovarian cancer?
- A No, I have not.
 - Q When Johnson & Johnson first approached you for serving as an expert witness in the MDL litigation that we are here about today, what's your understanding of what they wanted you to do?

A Well, it was my impression from speaking with them that the primary -- what my primary function was, really, was to be an expert in gynecologic pathology, which I am, I think, and go over the issues of ovarian carcinogenesis from the standpoint of surgical pathology and to review the data concerning talc exposure and possible involvement in the development of ovarian cancer in terms of ovarian carcinogenesis causation and to review the plaintiffs' expert

8 (Pages 26 to 29)

Q Sure. There are several on the second one that I got yesterday, but right now Tra asking you alout relisted data or are you talking about cell study dato are are you talking about to cell study. A Collary Well, for sturters, Camargo, I believe, may have been an epidemiologic study, and the first one. A Okay, Well, fir sturters, Camargo, I believe, may have been an epidemiologic study, and the first one. A Okay, Well, and the first one. A Okay, Well, fir sturters, Camargo, I believe, may have been an epidemiologic study. A Coll you refer me to what page? A Ok, I'm looking at page 12 of the references, Number 9, Camargo. O Okay. A Ok, I'm looking at page 12 of the references, Number 9, Camargo. O Okay. A Ok, Mill press are a couple of papers by Dan Cramer, 14 and 15, which are epidemiologic studies, one -15, in fact, the first one on your reference list, that you've not reviewed them? The WITNISS: I'may have seen other papers that 1 pot possible the first one. Page 31 it fair to say that you've not considered the complete body of literature in epidemiology on the issue of fall and ovarian cancer? Page 31 it fair to say that you've not considered the complete body of literature in epidemiology on the issue of fall and ovarian cancer that 2 pool of the studies on the inst list of the second them. I'm not an expert in epidemiology, and the proposition data. Page 31 it fair to say that you've not considered the complete body of literature in epidemiology on the issue of fall and ovarian cancer that 2 pool of literature in epidemiology on the issue of fall and ovarian cancer that 2 pool of the second them. The production of the second them and the proposition data. Page		Page 30		Page 32
2 And when you say "review the data," are you a talking about cell study data or are you talking about the first one. A Okay, Well, for starters, Camargo, I believe, may have been an epidemiologic study. A Well, specifically — not epidemiologic data in my expertise in groecologic pathology with the focus, again, being on the — my work as a gynecologic pathology with the focus, again, being on the — my work as a gynecologic pathology. Day to specificatily review some of those papers, but my area and expertise is surgical pathology. A I is fair to say that fifter are studes out there pertaining to tale and ovarian cancer that are not on your reference list, that you've not reviewed them? MS. AllERN: Objection. Form. THE WITNINSS: I may have seen other papers that I mo to specifically — there's a huge — you know, there are a lot of papers out there that I may have even missed. So there may be some things out there that I'm not aware of that I diaft include. Page 31 it fair to say that you've not considered the complete body of literature in epidemiology is not your specialty, is Page 31 it fair to say that you've not considered the complete body of literature in epidemiology on papers, and even though I'm not an epidemiology on the sisse of tale and ovarian cancer? A No, no, I wouldn't say that at all. I've looked at those epidemiology papers, and even though I'm not an epidemiology to may reference in the past. Q Right. And if you reviewed them, are they identified on your reference materials list, either the first one or the one I got yesierday? Q Now, Well, I didn't see any epidemiology studies on the first list I was provided with your original report. You're welcome to look at it. It's right in front of you. But does that sound right? I'm not going to spend a lot of time on it. MS. Altern Salpined them. I'm not an expert in epidemiology studies on the first list I was provid	1	gynecologic pathologist's report.	1	Q Sure. There are several on the second one
talking about cell study data or are you talking about cpidemiology? What are you referring to? A Well, specifically—not epidemiologic data because I testified to that before, but I'm not an epidemiologist. So I was really, the interest was in my expertise in genecologic pathology with the focus, again, being on the — my work as a genecologic pathologist. As I said, I'm not a bench scientist. I can certainly review some of those papers, but my area and expertise is surgical pathology. O B it fair to say that, if there are studies out there pertaining to tale and ovarian cancer that are not on your reference list, that you've not reviewed them? Mak JERN: Objection. Form. THE WITNESS: I may have seen other papers that Pel looked at but didn't decide, for whatever reason, to specifically—there's a huge—you know, there are a lot of papers out there that I may have even missed. So there may be some things out there that I'm not aware of that I didn't include. BY MR. DEARING: BY MR. DEARING: O Since epidemiology is not your specialty, is Page 3.1 it fair to say that you've not considered the complete body of literature in epidemiology on the issue of tale and ovarian cancer? A No, no, I wouldn't say that at all. I've looked at those epidemiology papers, and even though I'm not an expert in epidemiology, but their papers are important, and I reviewed them. Q Right. And if you reviewed them, are they identified on your reference materials list, either the first one or the one I got yetserday? A No, no, I wouldn't say that at all. I've identified on your reference materials list, either the first one or the one I got yetserday? A I magine that some of them are. I'd have to original report. You're velocent to look at it. It's right in front of you. But does that sound right? I'm look specifically. A Well, I'd have to go through the reference list from his report? BY MR. DEARING: Q Okay. Well, I didn't see any epidemiology studies on the first one. I may have, yes. The province of the many of the population	2		2	that I got yesterday, but right now I'm asking you
5 A Well, specifically — not opidemiologic data 6 because I testified to that before, but I'm not an 7 epidemiologist. So it was — really, the interest was 8 in my expertise in synecologic pathology with the 5 focus, again, being on the — my work as a genecologic pathology to the me — my work as a genecologic pathology. A Si said, I'm not a bench scientist. I 2 and expertise is surgical pathology. 13 Q Is it fair to say that, if there are studies 4 out there pertaining to tale and ovarian cancer that 5 are not on your reference list, that you've not 16 reviewed them? 16 reviewed them? 17 MS, AHERN: Objection. Form. 18 ITHE WITINESS: I may have seen other papers that 16 reviewed them? 19 reviewed the feet of the city of the complete 20 missed. So there may be some things out there that I may have even 21 are a lot of papers out there that I may have even 22 missed. So there may be some things out there that I'm not aware of that I didn't include. 21 BY MR, DEARING: 25 Q Since epidemiology is not your specialty, is 24 A No, no, I wouldn't say that at all. I've 5 looked at those epidemiology on the issue of tale 3 and ovarian cancer? 24 A No, no, I wouldn't say that at all. I've 5 looked at those epidemiology on the issue of tale 3 and ovarian cancer? 3 A No, no, I wouldn't say that at all. I've 5 looked at those epidemiology on the issue of tale 6 first ton or the one 1g orty service well of them are. I'd have to olok specifically. 4 A No, no, I wouldn't say that at all. I've 1 looked at them and I've taken them are important, and I reviewed them. 2 Page 31 looked at those of them are. I'd have to olok specifically. 4 A No, no, I wouldn't say that at all. I've 1 looked at them and I've taken them of the or of more 1 go by esterday? 1 looked at them and I've taken them of the or of more 1 go by esterday? 1 looked at them and I've taken them of the or of more 1 go by esterday? 1 looked at them and I've taken them of the or of more 1 go by esterday? 1 looked at them and I've taken them of the or of more 1 looked at	3		3	
6 because I testified to that before, but I'm not an epidemiologist. So it was – really, the interest was in my expertise in gynecologic pathology with the focus, again, being on the – my work as a gynecologic pathology. As I staid, I'm not a bench scientist. I and 15, which are epidemiologist salt is alf, I'm not a bench scientist. I and 15, which are epidemiologist sudies, one – 15, in fact, was published in an epidemiology fournal. I may be some things out there pertaining to tale and ovarian cancer that are not on your reference list, that you've not reviewed them? 10	4		4	A Okay. Well, for starters, Camargo, I believe,
7 A Oh, I'm looking at page 12 of the references, 8 in my expertise in gynecologic pathology with the 9 focus, again, being on the — my work as a gynecologic 10 pathologist. As I said, I'm not a bench scientist. I 11 can certainly review ome of those papers, but my area 12 and expertise is surgical pathology. 13 Q Is it fair to say that, if there are studies 14 out there pertaining to tale and ovarian cancer that 15 are not on your reference list, that you've not 16 reviewed them? 17 MS. AHERN: Objection. Form. 18 I'HE WITNISS: I may have seen other papers that 19 I've looked at but didn't include. 20 are a lot of papers out there that I may have even 21 missed. So there may be some things out there that I'm 22 not aware of that I didn't include. 23 BY MR. DEARING: 24 BY MR. DEARING: 25 Q Since epidemiology is not your specialty, is 26 looked at those epidemiology on the issue of tale 27 and ovarian cancer? 28 A No, no, I wouldn't say that at all. I've 29 looked at those epidemiology on the issue of tale 29 and ovarian cancer? 20 A No mo, I wouldn't say that at all. I've 21 looked at those epidemiology on the issue of tale 22 and ovarian cancer? 24 A No, no, I wouldn't say that at all. I've 25 looked at those epidemiology papers, and even though 29 I'm not an epidemiology papers, and even though 20 Right. And if you reviewed them, are they 21 didnified on your reference materials list, either the 22 findings of pidemiology is undidn't see any reason that they brought – changed my 28 testimony from what I've done in the past. 29 So, yes, I have looked at them and I've taken 29 G Right. And if you reviewed them, are they 20 original report. You're velocente look at it. It's 21 right in front of you. But does that sound right? I'm 22 not good file-rature in epidemiology 23 studies on the first list I was provided with your 24 or in the propers are important, and I reviewed them. 25 original report. You're velcome to look at it. It's 26 original report. You're velcome to look at it. It's 27 right in front of you. B	5	A Well, specifically not epidemiologic data	5	may have been an epidemiologic study.
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25 list and look at them, actually. Can I do that? 25 Q On page 12 of your report and I think you	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	body of literature in epidemiology on the issue of talc and ovarian cancer? A No, no, I wouldn't say that at all. I've looked at those epidemiology papers, and even though I'm not an epidemiologist, I can get a I can understand them. I'm not an expert in epidemiology, but their papers are important, and I reviewed them. Q Right. And if you reviewed them, are they identified on your reference materials list, either the first one or the one I got yesterday? A I imagine that some of them are. I'd have to look specifically. Q Okay. Well, I didn't see any epidemiology studies on the first list I was provided with your original report. You're welcome to look at it. It's right in front of you. But does that sound right? I'm not going to spend a lot of time on it. MS. AHERN: Are you talking about his reference list from his report? BY MR. DEARING: Q Right. I didn't recognize any epidemiology studies	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	many of these studies, the epidemiologic studies. I briefly looked at them again over again and didn't see any reason that they brought changed my testimony from what I've done in the past. So, yes, I have looked at them and I've taken them into account. Q Do you think you have reviewed epidemiology studies on this topic of talc and ovarian cancer that aren't reflected in your reference list? A I may have, yes. Q Have you reviewed the Terry study? A Terry study, no, does not sound familiar. Q Have you reviewed the Taher study, T-a-h-e-r? A I'd have to see that one. I might have. Do you have it? Q I do. We're going to come back to it in a little bit. I'm just trying to get a A At this point, I won't comment. I'd like to see it. I may have. Q You may have? A Yeah. Q How about Penninkilampi? Have you looked at that study?
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	Page 34		Page 36
1	sort of just said this you say that "Although	1	MS. AHERN: Objection. Form.
2	Dr. Kane offers opinions in a host of areas outside of	2	THE WITNESS: Pretty much so, yes.
3	her field, including epidemiology and cancer biology, I	3	BY MR. DEARING:
4	will focus my report on the primary area of"	4	Q Are you intending to offer any opinions that
5	A Excuse me. Could you tell me exactly where	5	are not contained in your report?
6	you are reading from?	6	MS. AHERN: Objection. Form.
7	Q Sure. Page 12.	7	THE WITNESS: I'd have to hear the question, but I
8	A Yeah, I got that.	8	don't think I would.
9	Q At the top. First paragraph.	9	BY MR. DEARING:
10	A Okay.	10	Q Was it your idea to add the 16 defense experts
11	Q Last sentence.	11	to your second reference list 16 expert reports?
12	A Okay.	12	A No.
13	Q "Although Dr. Kane offers opinions	13	MS. AHERN: David, can I just quickly it might
14	in a host of areas outside her field,	14	help a little bit. We put together the reference list
15	including epidemiology and cancer	15	which contains any materials we provided to him, should
16	biology, I will focus my report on my	16	he want to review them, and also includes articles I
17	primary area of expertise, gynecologic	17	think he found himself that he's reviewed.
18	pathology."	18	So we tried to give you a complete list of
19	So I want to ask you about that statement.	19	everything that he had to consider. You'll have to ask
20	Does that mean that you only intend to testify	20	him if he actually reviewed it.
21	about gynecologic pathology, and not epidemiology and	21	BY MR. DEARING:
22	cancer biology?	22	Q The only plaintiff expert report you reviewed
23	MS. AHERN: Objection. Form. Depends what you ask	23	was Dr. Kane's; right?
24	him.	24	A Correct.
25	MR. DEARING: He seems to be defining the	25	Q Are the opinions of the other defense experts
	Page 35		Page 37
1	parameters of his testimony. So I want to know what	1	in this case relevant to your pathology opinions?
2	he's comfortable with testifying about.	2	A Well, I didn't read them. So I can't comment
3	MS. AHERN: Understood.	3	on them.
4	THE WITNESS: As I said, that is my primary focus.	4	Q But if you thought they were relevant, you
5	An epidemiology study that may touch on it briefly, I	5	would have read them; right?
6	could mention, but it isn't what I'm focusing my	6	A Since they weren't pathologists and my focus
7	specific testimony on.	7	was on the pathology, I I would think that's
8	BY MR. DEARING:	8	correct. I would focus on pathology.
_		1 -	correct. I would focus on pathology.
9	Q So, as you sit here today, it is not your	9	Q Certainly your pathology opinions are not
9 10	Q So, as you sit here today, it is not your intention to dissect epidemiology studies?		
	intention to dissect epidemiology studies? A That's correct.	9	Q Certainly your pathology opinions are not
10	intention to dissect epidemiology studies? A That's correct. Q And it is not your intention to offer	9 10	Q Certainly your pathology opinions are not dependent on the opinions of the other defense experts;
10 11	intention to dissect epidemiology studies? A That's correct.	9 10 11	Q Certainly your pathology opinions are not dependent on the opinions of the other defense experts; right?
10 11 12	intention to dissect epidemiology studies? A That's correct. Q And it is not your intention to offer	9 10 11 12	Q Certainly your pathology opinions are not dependent on the opinions of the other defense experts; right? A Well, again, I'd have to see if you're referring to something specifically, I would like to see what it is. But, in general, they're not it's
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	Page 38		Page 40
1	already put in your report?	1	disclosure of what he might have reviewed in
2	A Let me look at that reference list again.	2	preparation for the deposition. We were just
3	Well, I don't know if I mentioned it. I did	3	overinclusive.
4	read oh, I did mention it earlier. I read	4	MR. DEARING: Thank you.
5	Dr. Shih's deposition, and it included a report of his,	5	BY MR. DEARING:
6	a study he was doing. I read that. But I mentioned	6	Q Did you read any of these studies that are on
7	that before.	7	the supplemental list?
8	Other than that, no. I mean, obviously, the	8	A Again, as I mentioned
9	Jeff Seidman study, I was an author. I'm involved with	9	Q You read one of them, but
10	that paper on papillary tubal hyperplasia. I wrote it,	10	A in the past when I did discuss epidemiology
11	so I know that.	11	in greater detail, I have read Gates, Gertig.
12	I would say, yes, actually, looking at it,	12	Gonzalez, I actually might have looked at more
13	there was an important paper that is listed on	13	recently. Houghton, I've looked at in the past. I
14	page 2 important in my opinion by it is the	14	mentioned Penninkilampi.
15	second one from the top. Ducie, H. et al., which I	15	Q Are you prepared to discuss those studies
16	would it's not in my original report, but I would	16	today?
17	I might refer to that.	17	A Well, as I said, I looked in the past. I
18	Q I believe the question was did your review any	18	haven't really recently gone over them in depth. If
19	of the materials on the supplemental reference list	19	there's some specific question you may want to ask, I
20	affect or change any opinions	20	could look at it. But the focus of my testimony is not
21	A Oh.	21	on the epidemiology, as we've discussed.
22	Q you've already written in your report?	22	Q I want to try today to keep you within your
23	A No, it does not change my opinion.	23	field of expertise, and I don't want to drag you out in
24	Q If you are not intending to offer epidemiology	24	any other area that you're not comfortable in or you
25	opinions or discuss the underlying data of epidemiology	25	don't feel qualified in. So if I do that, please tell
	Page 39		Page 41
1	Page 39	1	Page 41
1	studies, why did you add about 15 epidemiology studies	1 2	me. Okay?
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1	MS. AHERN: Objection. Form.	1	Do you agree with that?
2	THE WITNESS: Yeah, could you please	2	MS. AHERN: Objection. Form.
3	MR. DEARING: Sure.	3	THE WITNESS: That is correct.
4	THE WITNESS: rephrase your question.	4	BY MR. DEARING:
5	BY MR. DEARING:	5	Q Now, because you didn't prepare the second
6	Q So there are quite a few epidemiology studies	6	list, the lawyers did, and the fact that some of those
7	and meta-analyses on talc and ovarian cancer that are	7	large studies are not on this list, do you interpret
8	not on either of your reference lists.	8	that to mean they didn't provide those to you or didn't
9	A That's correct.	9	think you should look at those?
10	Q Ms. Ahern just said on the record that they	10	MS. AHERN: Objection. Form.
11	provided you the reference list.	11	THE WITNESS: I don't know what the what the
12	MS. AHERN: Objection. Form. The supplemental	12	reason was why they weren't included on that list.
13	reference list is the one that we put together.	13	BY MR. DEARING:
14	MR. DEARING: Okay.	14	Q Before we get too far into the pathology weeds
15	BY MR. DEARING:	15	today, I want to ask you just some basic questions to
16	Q If there are epidemiology studies that are not	16	make sure we're communicating well, like some
17	on your original reference list let me ask you: Did	17	definitions.
18	you put together your original reference list?	18	For example, if I use the term "biologic
19	A Yes.	19	plausibility," can you tell me what that means to you?
20	Q Did the lawyers help you do that?	20	Or does it mean anything to you?
21	A Not really. It was me.	21	A It means something to me. I think it's a
22	Q Okay. The original reference list has a	22	factor that would be very important in establishing
23	handful of epidemiology studies that we started to go	23	causation. So the way I interpret view it is that
24	through.	24	it's biologic explanations often, really, base
25	A Yes. We were only up to like page 2. There	25	cellular studies or extracellular studies that could be
	Page 43		Page 45
1	may have been more.	1	incorporated with the human population studies to seem
2	Q Right. But it's your list?	2	
3			to go together in slipporting a particular argument
	A Yes	1	to go together in supporting a particular argument. O Are you familiar with the nine Bradford Hill
	A Yes. O You wrote it You made it	3	Q Are you familiar with the nine Bradford Hill
4	Q You wrote it. You made it.	3 4	Q Are you familiar with the nine Bradford Hill considerations that are used to assess the strength of
4 5	Q You wrote it. You made it. A Yes.	3	Q Are you familiar with the nine Bradford Hill considerations that are used to assess the strength of proposed causal associations?
4 5 6	Q You wrote it. You made it.A Yes.Q You know there are quite a few epi studies	3 4 5 6	Q Are you familiar with the nine Bradford Hill considerations that are used to assess the strength of proposed causal associations? MS. AHERN: Objection to form.
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i	Page 46		Page 48
1	Q Well, tell me what you mean by plausibility.	1	does the word "plausible" mean to you?
2	MS. AHERN: Objection. Form. Asked and answered.	2	MS. AHERN: Objection. Form.
3	THE WITNESS: I that's "plausibility" is a	3	THE WITNESS: We never use the term "plausible"
4	very general term. Bradford Hill describes not	4	BY MR. DEARING:
5	plausibility but biological plausibility, and that's	5	Q Okay.
6	what I just said a minute ago is my definition, which I	6	A in in pathology.
7	thought was an interpretation of the way Bradford Hill	7	Q Okay.
8	used it.	8	A I've never
9	BY MR. DEARING:	9	Q So anytime that word "plausible" or
10	Q To you, is there a difference between biologic	10	"plausibility" comes up today, you're going to be
11	plausibility and biologic probability?	11	discussing it in terms of epidemiological definitions,
12	MS. AHERN: Objection. Form.	12	or are you going to use it some other way?
13	THE WITNESS: I don't know exactly what biologic	13	MS. AHERN: Objection. Form.
14	probability is. I would stick with biologic	14	He's giving you his definition, which is not
15	plausibility.	15	an epidemiologic deposition per se.
16	BY MR. DEARING:	16	MR. DEARING: I object. That's not true. For one,
17	Q Does biologic plausibility have any	17	he keeps referring back to what is in the Bradford Hill
18	application to pathology?	18	criteria. I don't know what his definition is.
19	A I think pathology studies could be used for	19	MS. AHERN: You keep defining Bradford Hill
20	evidence of biologic plausibility in the application of	20	criteria as epidemiology. It's not. I think that's
21	the Bradford Hill points.	21	the confusion here.
22	Q Right. Bradford Hill is a epidemiology	22	MR. DEARING: Let's ask. Let me ask him. Okay. I
23	causation assessment tool; right?	23	don't need your commentary, but thank you.
24	A Correct.	24	BY MR. DEARING:
25	Q Right. And you've already said you're not	25	Q I believe you just testified that the
	Page 47		Page 49
1	here to talk about epidemiology specifically; right?	1	definition you were giving of "biologic plausibility"
2			
	MS. AHERN: Objection. Form.	2	was what's offered in the Bradford Hill assessment; is
3	MS. AHERN: Objection. Form. THE WITNESS: I that's what I said.	2 3	was what's offered in the Bradford Hill assessment; is that right?
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3	THE WITNESS: I that's what I said.	3	that right?
3 4	THE WITNESS: I that's what I said. BY MR. DEARING:	3 4	that right? A That's correct.
3 4 5	THE WITNESS: I that's what I said. BY MR. DEARING: Q Okay. So I'm trying to determine whether the	3 4 5	that right? A That's correct. Q Okay. Is that also your definition?
3 4 5 6	THE WITNESS: I that's what I said. BY MR. DEARING: Q Okay. So I'm trying to determine whether the term "biologic plausibility" has any application to you	3 4 5 6	that right? A That's correct. Q Okay. Is that also your definition? A That's what I said.
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Page 52 Page 50 1 powder and ovarian cancer, did you assess whether it is 1 that I ran across that a woman used a -- an 2 biologically plausible for talcum powder to cause 2 antiperspirant that contained talc, and she got a 3 inflammation? 3 skin -- a granuloma in her axilla. That would be about 4 A Talcum powder can cause inflammation. 4 5 5 Q Did you consider biologic plausibility that Q Giant cell granulomatous inflammation is 6 6 talcum powder could cause inflammation that might be a hardly -- is virtually never seen in gynecologic 7 7 precursor to cancer? tissue; right? 8 A For starters, I think it's very important to 8 A Very, very rare is it -- is it seen, that's 9 look at chronic inflammation. I've noticed that people 9 correct. 10 10 tend to throw that around. "Chronic inflammation" is a Q Is it your testimony that the giant cell 11 very broad term. 11 granulomatous inflammation is the only kind of 12 In terms of the talc exposure, it really 12 inflammation that might be a precursor for cancer? 13 13 refers to a very specific subtype of chronic MS. AHERN: Objection. Form. Misstates his 14 inflammation -- I alluded to it earlier -- namely 14 testimony. 15 15 foreign-body giant cell granulomatous inflammation. THE WITNESS: I didn't say that at all. 16 16 And that, in my opinion, has not been shown to be BY MR. DEARING: 17 17 associated with ovarian cancer. Q Okay. What other type of chronic inflammation 18 might be a precursor for cancer? 18 Q So are you saying the only type of chronic 19 19 inflammation that might contribute to causing ovarian MS. AHERN: Objection. Form. cancer is the giant cell granuloma-type inflammation? 20 THE WITNESS: In my opinion, inflammation very 20 21 A No, no. 21 rarely initiates cancer. It can be seen certainly in 22 22 MS. AHERN: Objection to form. association with cancer, but it's usually -- it 23 23 THE WITNESS: That's not what I said. typically occurs later in the whole process of 24 BY MR. DEARING: 24 malignancy. 25 25 Q Okay. Can you repeat what you just --Page 51 Page 53 1 BY MR. DEARING: 1 A Sure. 2 2 -- tried to explain. Q And in that statement, when you use the term 3 A I said that chronic inflammation is a very 3 "inflammation," are you talking giant cell 4 broad term. And in the context of this litigation, 4 granulomatous inflammation, chronic inflammation, or 5 specifically does talc cause ovarian cancer, talc 5 something else? 6 causes a very specific -- or I should say induces a 6 A I'm --7 7 very specific type of inflammation, which is referred MS. AHERN: Objection. Form. 8 8 THE WITNESS: I'm not talking about foreign-body to as foreign-body giant cell granulomatous 9 inflammation. And that type of inflammation is not 9 giant cell granulomatous inflammation, which, as I said 10 associated with ovarian cancer. 10 earlier, I don't see any evidence of causing ovarian 11 Q How do you know that talc used in body powders 11 cancer. 12 12 elicits that kind of inflammation that you just So when I was referring in a more general 13 13 described, giant cell granuloma inflammation? statement to respond to your question about chronic 14 A Well, talc is what's -- what I'm referring to. 14 inflammation, I was referring to chronic inflammation 15 In the literature, talc has been used in a variety of 15 of a different type. 16 situations where it's caused foreign-body giant cell 16 BY MR. DEARING: 17 17 Q Okay. You first said when we started talking granulomatous inflammation. about inflammation, that it's very important to make 18 Q What are some examples of those situations 18 19 sure we're talking about the same kind of inflammation, 19 where talc caused that? 20 A Pleurodesis. 20 because they are different types; right? 21 21 Q Okay. A That's correct. 22 Α Contamination from gloves. 22 Q That's why I'm trying to be very specific 23 Right. 23 about this. Q 24 That would be the -- well, sometimes it's been 24 Are you aware of any other types of chronic 25 25 seen in creating skin granulomas. I remember one case inflammation, other than giant cell or granulomatous

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1	inflammation, that can cause cancer?	1	MS. AHERN: Objection. Form.
2	MS. AHERN: Objection. Form.	2	THE WITNESS: I haven't read the other experts, as
3	THE WITNESS: We're really talking about, again, my	3	you yourself pointed out. I've read Dr. Kane's
4	testimony specifically concerned with ovarian cancer.	4	explanation. And, as I said, her explanation, I
5	So I'm not talking about pancreatic cancer, lung	5	believe, is invalid and unreliable.
6	cancer, stomach cancer.	6	BY MR. DEARING:
7	I mean, cancers are all different, and I'm not	7	Q So as you sit here today, you have no idea how
8	going to stand up and tell you respond to that	8	the plaintiffs, through their experts, are alleging
9	question because it's a very general question.	9	tale causes ovarian cancer?
10	BY MR. DEARING:	10	A I didn't
11	Q I thought it was a very specific question.	11	MS. AHERN: Objection. Form.
12	There you discuss in your report	12	THE WITNESS: Excuse me. I've interrupted you.
13	essentially two types of inflammation chronic	13	I didn't read those expert reports. I don't
14	inflammation, infectious chronic inflammation and	14	know what they said.
15	noninfectious; right?	15	BY MR. DEARING:
16	MS. AHERN: Objection. Form.	16	Q I know you haven't read the reports, but are
17	THE WITNESS: That's one type.	17	you saying that you don't know what the plaintiffs'
18	BY MR. DEARING:	18	experts are alleging as a mechanistic process of how
19	Q That's two types.	19	talc causes ovarian cancer?
20	A Well, two types.	20	MS. AHERN: Objection. Form.
21	Q Okay. Are there any other types of chronic	21	THE WITNESS: How would I know if I can't read the
22	inflammation?	22	reports? I don't know what they said.
23	A Just general chronic inflammation not	23	BY MR. DEARING:
24	associated well, infectious or noninfectious, right.	24	Q What's your understanding of Dr. Kane's
25	Q Okay. So breaking inflammation down, there's	25	opinion on how tale causes ovarian cancer?
	Page 55		Page 57
1	two broad types, either infectious or noninfectious;	1	A I just told you. I said I thought it's
2	right?	2	invalid and unreliable.
3	MS. AHERN: Objection.	3	Q I'm not asking you for what you think of it.
4	Are you talking about foreign body, or are you	4	I'm asking you what's your understanding of what she is
5	talking about general inflammation?	5	saying.
6	THE WITNESS: Right. Foreign-body giant cell	6	How does she describe the mechanism of how
7	reaction is a type of type of inflammation that can	7	tale causes ovarian cancer?
8	be either infectious or noninfectious. But it's	8	A Well, why don't we go through her report, and
9	different than other types of chronic inflammation,	9	I can discuss those with you.
10	which may be infectious or noninfectious.	10	Q You don't remember?
11	BY MR. DEARING:	11	A I want to go through them so we get them
12	Q What's your understanding of the plaintiffs'	12	absolutely right.
13	experts' explanation for how talc causes chronic	13	Q I'll come back to it
14	inflammation which can cause ovarian cancer?	14	A Okay.
15	A You're specifically referring to Dr. Kane?	15	Q because that's a big part of this.
16	Q Well, it's not just Dr. Kane's position, is	16	A Okay.
17	well, you probably haven't read all the other	17	Q I just wanted to know what you remembered.
18	plaintiffs' positions.	18	A Okay.
19	So as you understand it, based on whatever	19	Q Is it your opinion that the notion that tale
20	you've looked at, what's your understanding of that	20	can cause chronic inflammation, which can cause ovarian
21	mechanistic process?	21	cancer, is that process biologically plausible to you?
22	A I believe it's unreliable and invalid.	22	A No.
23	Q No, I don't want your commentary. I want what	23	Q Not the slightest bit?
24	do you understand that the plaintiffs' experts are	24	A No.
	, since the planting experts are	I	11 110.
25	alleging.	25	Q Why do you say that?

_	Page 58		Page 60
1	A Because, as I based on my experience and my	1	carcinomas, due to extrusion of keratin, which can
2	reviewing of the literatures up to this point, talc	2	produce a foreign-body giant cell reaction. That, I've
3	induces a specific type of chronic inflammation that	3	seen.
4	we're terming foreign-body granulomatous inflammation.	4	I've seen teratomas, nothing to do with the
5	I have never seen that, in all my experience	5	litigation we're talking about now. It's a completely
6	in ovarian cancer, foreign-body giant cell reaction.	6	different kind of tumor. It's a germ cell tumor. And
7	So, I mean, I've seen chronic inflammation in ovarian	7	I've seen, with extrusion of keratin in those
8	cancer. No one would dispute that. But specifically	8	instances, a foreign-body giant cell reaction.
9	the kind of granuloma the kind of inflammation	9	Apart from those instances and maybe suture
10	induced by talc, I have not observed.	10	granulomas, which, again, are pretty obvious, I haven't
11	Q Do you know whether you've treated patients or	11	seen that type of reaction in association with ovarian
12	performed surgical pathology on patient specimens of	12	cancer during my entire career.
13	women who used talcum powder for feminine hygiene	13	BY MR. DEARING:
14	long-term?	14	Q And are you saying you haven't seen that type
15	A I wouldn't know if they haven't used it, but I	15	of inflammatory reaction in gynecologic tissue to any
16	haven't seen any evidence of it when I looked at tissue	16	foreign particle?
17	specimens.	17	A Well
18	Q So if you're looking at	18	MS. AHERN: Objection. Form.
19	MS. AHERN: David, when you get to a stopping	19	THE WITNESS: as I just said
20	point, can we take a potty break.	20	BY MR. DEARING:
21	MR. DEARING: Sure. Let me just wrap up this.	21	Q Except for sutures?
22	MS. AHERN: Sure.	22	A Suture granulomas and the keratin that I
23	BY MR. DEARING:	23	mentioned, which is
24	Q So what you're saying is you don't believe	24	Q That's endogenous?
25	that it's biologically plausible that talc can cause	25	A Yeah, but it yeah, okay. Aside from that,
	Page 59		Page 61
1	chronic inflammation that can cause ovarian cancer	1	
_		1 *	I can't recall seeing anything, no.
2	because you've never seen it; right?	2	I can't recall seeing anything, no. Q So aside from surgical sutures
3	because you've never seen it; right? MS. AHERN: Objection. Form.		
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3	MS. AHERN: Objection. Form.	2 3	Q So aside from surgical suturesA Uh-huh.
3 4	MS. AHERN: Objection. Form. THE WITNESS: We need to specifically say again the	2 3 4	Q So aside from surgical suturesA Uh-huh.Q you've never seen a giant cell
3 4 5	MS. AHERN: Objection. Form. THE WITNESS: We need to specifically say again the kind of inflammation I'm talking about is foreign-body	2 3 4 5	 Q So aside from surgical sutures A Uh-huh. Q you've never seen a giant cell granulomatous foreign-body reaction in gynecologic
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3 4 5 6 7	MS. AHERN: Objection. Form. THE WITNESS: We need to specifically say again the kind of inflammation I'm talking about is foreign-body giant cell inflammation, which is the type of inflammation that's implicated with talc exposure.	2 3 4 5 6 7	Q So aside from surgical sutures A Uh-huh. Q you've never seen a giant cell granulomatous foreign-body reaction in gynecologic tissue? A Again, I mentioned the keratin
3 4 5 6 7 8	MS. AHERN: Objection. Form. THE WITNESS: We need to specifically say again the kind of inflammation I'm talking about is foreign-body giant cell inflammation, which is the type of inflammation that's implicated with talc exposure. Talc doesn't produce other types of chronic	2 3 4 5 6 7 8	Q So aside from surgical sutures A Uh-huh. Q you've never seen a giant cell granulomatous foreign-body reaction in gynecologic tissue? A Again, I mentioned the keratin Q I'm sorry. Responding to foreign material?
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	Page 62		Page 64
1	A Well, again, in the ovary, there's absolutely	1	Q And when I so my question is, the talc that
2	no evidence that inflammation causes cancer. I want to	2	you're referring to that elicits that type of response
3	be clear about that. Now, there may be other tumors	3	is talc left behind from either a surgical tool or a
4	where it plays a role, but those are not things that	4	surgical glove or something like that; right?
5	I'm familiar with.	5	MS. AHERN: Objection. Form.
6	Q So are you saying that it's not biologically	6	THE WITNESS: That's correct.
7	plausible that other types of inflammation can cause	7	BY MR. DEARING:
8	ovarian cancer?	8	Q And do you agree that the talc used
9	MS. AHERN: Objection. Form.	9	industrially for surgical gloves back in the '70s and
10	THE WITNESS: I said I haven't observed it and I	10	before, and potentially contaminating a surgical tool,
11	wasn't aware of anything in the literature that showed	11	is different than cosmetic talc in baby powder?
12	chronic inflammation causing ovarian cancer.	12	MS. AHERN: Objection. Form.
13	BY MR. DEARING:	13	THE WITNESS: I'm not exactly sure of that. This
14	Q So because you haven't observed it, is it your	14	is something that I don't have expertise in. I would
15	opinion that it's not biologically plausible?	15	defer to a mineralogist to describe the references
16	MS. AHERN: Objection. Form. Misstates his	16	between what you describe as industrial and cosmetic
17	testimony.	17	talc.
18	THE WITNESS: Well, as I said, I haven't seen it	18	BY MR. DEARING:
19	nor have I read any paper that has indicated that it	19	Q Just to close the circle, is it your opinion
20	was a causative factor of ovarian cancer.	20	that it's not biologically plausible that any type of
21	BY MR. DEARING:	21	chronic inflammation can cause ovarian cancer?
22	Q And the question is, is it biologically	22	A As I said, I've seen no evidence of chronic
23	plausible?	23	inflammation causing ovarian cancer.
24	MS. AHERN: Objection. Form.	24	Q My question is, is it biologically plausible,
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25	THE WITNESS: Insofar as what the literature has	25	in your opinion, that some type of inflammation can
25	THE WITNESS: Insofar as what the literature has	25	in your opinion, that some type of inflammation can
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	Page 66		Page 68
1	A Well, as I mentioned also, in this particular	1	have.
2	case, I reviewed what Dr. Kane claimed or alleged that	2	BY MR. DEARING:
3	were causative agents. I review those papers	3	Q Okay. Do you agree that inert particles can
4	specifically. So that in addition to everything else I	4	cause an inflammatory response that could trigger or be
5	described.	5	a precursor to cancer?
6	Q So your methodology for evaluating biologic	6	MS. AHERN: Objection. Form.
7	plausibility is your reliance on your experience, your	7	THE WITNESS: As I just said, again, I think we
8	review of the literature, your publication literature,	8	specifically in this litigation referring to talc as
9	I guess, and your review of other expert opinions on	9	an inert substance that does not produce an
10	it?	10	inflammatory reaction that can cause ovarian cancer.
11	MS. AHERN: Objection. Form.	11	BY MR. DEARING:
12	BY MR. DEARING:	12	Q I understand that about talc and that's your
13	Q Did I leave anything out?	13	opinion.
14	A I think that pretty much covers it.	14	My question is just because a foreign particle
15	Q And, of course, you haven't published on talc	15	is inert doesn't mean that it can't cause a
16	and ovarian cancer?	16	foreign-body inflammatory reaction that could be a
17	A That's correct.	17	precursor lesion to cancer; right?
18	Q And you think that's a complete, sound,	18	MS. AHERN: Objection. Form.
19	reliable methodology for assessing plausible	19	THE WITNESS: No, I disagree with that.
20	biologic plausibility?	20	BY MR. DEARING:
21	A Please repeat the question.	21	Q Well, you would agree that talc does elicit an
22	Q Sure.	22	inflammatory response in tissue; right?
23	Do you think that that is a complete and	23	A A specific type of inflammatory reaction, we
24	reliable methodology for assessing plausible	24	described foreign-body giant cell granulomatous
25	biologic plausibility?	25	reaction, yes.
	olologic plausionity.		1540-001, y 65.
	Page 67		5 60
	rage or		Page 69
1	A I believe it is, yes.	1	Q And so if a large talc particle in the
1 2		1 2	
	A I believe it is, yes.		Q And so if a large talc particle in the
2	A I believe it is, yes. Q On page 13 of your report and I don't know	2	Q And so if a large talc particle in the peritoneal cavity elicits an inflammatory giant cell
2	A I believe it is, yes. Q On page 13 of your report and I don't know if you need to look this up. You use the word "inert."	2	Q And so if a large talc particle in the peritoneal cavity elicits an inflammatory giant cell granulomatous response and that inflammation is
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Page 70 Page 72 1 BY MR. DEARING: 1 So the fact that it might show some reaction 2 Q Do you agree with me that inert particles can 2 in epithelial cells of the ovary, which some biologic 3 evoke a chronic inflammatory response, foreign-body 3 studies -- in vitro studies have shown, doesn't have 4 response, in the body? 4 anything to do with causation of ovarian cancer. 5 5 A As I said, inert particles induce a BY MR. DEARING: б foreign-body giant cell reaction of the sort -- similar 6 Q I realize that's your opinion and you've 7 7 to what talc does. published that, even. But you agree with me that not 8 Q Do you agree that talc causes inflammation in 8 all gynecologic pathologists agree with you that 9 epithelial ovarian cells? 9 invasive ovarian carcinomas start in the fallopian 10 10 A No. tube? 11 MS. AHERN: Objection. Form. 11 MS. AHERN: Objection. Form. 12 THE WITNESS: I don't. 12 THE WITNESS: Could you define which kind of 13 BY MR. DEARING: 13 carcinomas you're talking about? 14 BY MR. DEARING: 14 Q Do you believe that talc can cause 15 inflammation in any kind of ovarian cells? 15 Q Sure. Let's start with serous invasive 16 A Talc produce -- what kind of ovarian cell are 16 carcinomas. You believe that's those typically start 17 17 we talking about, for starters? in the fallopian tubes; right? 18 Q Well, any kind you want to identify. Any 18 A Low-grade or high-grade? 19 kind -- let me ask it again. 19 O High-grade. 20 Do you have any opinions about whether 20 A High-grade, I believe, start in the fallopian 21 exposure to talc could cause any type of reaction in 21 tube. 22 22 Q And you would agree with not all gynecologic any type of ovarian cells? A I've never seen any evidence of that or read 23 23 pathologists degree with you on that; right? 24 any evidence of that. 24 A The consensus at this point in time, 2019, is 25 25 Q Does that mean you don't think that's that a vast, vast majority of pathologists believe that Page 71 Page 73 1 biologically plausible because you have never seen it? 1 ovarian -- high-grade serous carcinoma begins in 2 2 MS. AHERN: Objection. Form. fallopian tube epithelium. 3 THE WITNESS: Let me -- when you're talking 3 Q Vast, vast majority of them believe that? Is 4 about -- you know, the ovary is a complex organ. 4 that what you are saying? 5 5 Contains germ cells, contains stromal cells, contains A Well, including your plaintiffs' expert, Susan 6 6 Kane -- Sarah Kane. surface epithelial cells. 7 7 Which cells are you actually talking about? Q I understand. 8 8 BY MR. DEARING: We'll come back to that. 9 Q I'm talking about any type of ovarian cell. 9 Is it your testimony that it's not 10 I'm leaving it up to you to use any cell you like. Are 10 biologically plausible that talc could cause any type 11 you telling me that talc causes no reaction in any type 11 of inflammatory reaction in any type of ovarian cell? 12 12 of ovarian cell that you know of? MS. AHERN: Objection. Form. 13 13 A Well, there have been in vitro studies which THE WITNESS: Well, as I've said, there are some 14 have used ovarian cells and shown some reaction, if 14 in vitro studies in which exposure to talc has resulted 15 that's what you mean. I've seen that. 15 in some proliferation and -- excuse me. I take that 16 Q Have you seen any studies that suggest that 16 back, proliferation -- expression of some markers that 17 epithelial cells exposed to talc undergo neoplastic 17 are markers of inflammation. Those studies I won't get 18 18 changes? into it because I'm not, as I said, a bench scientist. 19 19 MS. AHERN: Objection. Form. BY MR. DEARING: 20 THE WITNESS: I think it is important to point out, 20 Q So there is some evidence that some ovarian 21 21 cells will respond in an inflammatory way to talc before we get all hung up on ovarian epithelial cells, 22 that if we are talking about -- which, basically, we're 22 exposure? 23 talking about causation -- is that ovarian cancer does 23 MS. AHERN: Objection. Form. 24 not start from ovarian epithelial cells; it starts from 24 BY MR. DEARING: 25 25 Q Is that what you are saying? There are fallopian tube cells.

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	Page 74		Page 76
1	studies.	1	second.
2	A That's what I said just now.	2	I have no, I can't say that I have looked
3	Q Okay. Just making sure I understand.	3	at their mission statement.
4	Do you agree that asbestos is a known human	4	Q Okay. Well, in the second paragraph, it says:
5	carcinogen?	5	"The objective of the IARC is to
6	A Yes, I	6	promote international collaboration in
7	MS. AHERN: Objection. Form.	7	cancer research. The agency is
8	THE WITNESS: Yes, I agree that asbestos is a known	8	interdisciplinary, bringing together
9	carcinogen.	9	skills in epidemiology, laboratory
10	BY MR. DEARING:	10	sciences, and biostatistics to identify
11	Q And you're familiar with IARC, right, the	11	the causes of cancer so that
12	International Agency for Research on Cancer?	12	preventative preventive measures may
13	A I well, I am, yes.	13	be adopted and the burden of disease and
14	Q And it's an international intergovernmental	14	associated suffering reduced. A
15	agency created in 1965; right?	15	significant feature of the IARC is its
16	MS. AHERN: Objection. Form.	16	expertise in coordinating research
17	THE WITNESS: I don't know when it was created, but	17	across countries and organizations. Its
18	I'm familiar with IARC.	18	independent role as an international
19	BY MR. DEARING:	19	organization facilitates this activity.
20	Q And it forms part of the World Health	20	The agency has a particular interest in
21	Organization, which is part of the United Nations;	21	conducting research in low- and
22	right?	22	middle-income countries through
23	A It's part of the World Health Organization.	23	partnerships and collaborations with
24	Q And there are 25 member nations, and it's made	24	researchers in these regions."
25	up of probably a thousand or more scientists.	25	Is that your understanding of IARC's mission?
	Page 75		Page 77
1	Would you agree with that?	1	Page 77
1 2		1 2	A Well MS. AHERN: Objection. Form.
	Would you agree with that?		A Well
2	Would you agree with that? A You'd have to show me the data for that. I	2	A Well MS. AHERN: Objection. Form.
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	Page 78		Page 80
1	Do you agree with that statement?	1	tumor site for chromium cancer; right?
2	MS. AHERN: Objection. Form.	2	A Yes.
3	THE WITNESS: The as I recall, those studies	3	Q And then right below that is nickel, nickel
4	that they're citing were inhalation studies of very	4	compounds, is identified as a Group 1 agent. And it
5	of occupational of people that were exposed	5	identifies tumor sites for which there is sufficient
6	occupationally or environmentally to very high doses of	6	evidence in humans as lungs, nasal cavity, and
7	asbestos and which bear nothing to do with perineal	7	paranasal sinuses.
8	exposure.	8	Do you agree?
9	BY MR. DEARING:	9	A I see that.
10	Q The question is do you agree that studies	10	Q Do you agree that arsenic, chromium, and
11	suggest that asbestos can accumulate in the ovaries of	11	nickel are known human carcinogens?
12	women who are exposed to it?	12	A Well, according to IARC, they are.
13	A I'd have to see the studies where it shows	13	Q Do you agree that they are?
14	that.	14	A I agree with IARC on that.
15	Q So you don't have an opinion on that?	15	Q And then right below that, another Group 1
16	A No. I said I'd like to see the studies. I	16	agent, it says asbestos. And then it identifies
17	don't believe I'd like to see it.	17	one, two, three, four six types of asbestos. And it
18	Q I don't have them.	18	states the tumor sites for which there is sufficient
19	A Okay.	19	evidence in humans are lung, mesothelioma, larynx, and
20	Q So I'm asking do you have an opinion on that.	20	ovary.
21	A My opinion is, as I said earlier, asbestos	21	And are you saying now that you disagree that
22	does not cause ovarian cancer.	22	the ovary that this is sufficient evidence that
23	(The document referenced below was	23	asbestos can cause cancer in the ovaries?
24	marked Deposition Exhibit 4 for	24	A I agree that the I agree with what I said
25	identification and is appended hereto.)	25	earlier, that the evidence upon which IARC came to the
	Page 79		Page 81
1	BY MR. DEARING:	1	conclusion about ovarian cancer has significant issues
2	Q This is Exhibit 4, and this is the monograph	2	that I would argue with.
3			
3	I'm referring to.	3	Q That's not my question. My question is do you
4	I'm referring to. If you look at have you seen this before,	3 4	Q That's not my question. My question is do you agree that asbestos can cause cancer in the ovary, like
	•		
4	If you look at have you seen this before,	4	agree that asbestos can cause cancer in the ovary, like
4 5	If you look at have you seen this before, this monograph? This is where those statements came	4 5	agree that asbestos can cause cancer in the ovary, like IARC says?
4 5 6	If you look at have you seen this before, this monograph? This is where those statements came from.	4 5 6	agree that asbestos can cause cancer in the ovary, like IARC says? MS. AHERN: Objection. Form. Asked and answered.
4 5 6 7	If you look at have you seen this before, this monograph? This is where those statements came from. A I have seen the monograph, I don't	4 5 6 7	agree that asbestos can cause cancer in the ovary, like IARC says? MS. AHERN: Objection. Form. Asked and answered. THE WITNESS: I just said I don't agree that it
4 5 6 7 8	If you look at have you seen this before, this monograph? This is where those statements came from. A I have seen the monograph, I don't specifically recall this page.	4 5 6 7 8	agree that asbestos can cause cancer in the ovary, like IARC says? MS. AHERN: Objection. Form. Asked and answered. THE WITNESS: I just said I don't agree that it causes ovarian cancer.
4 5 6 7 8	If you look at have you seen this before, this monograph? This is where those statements came from. A I have seen the monograph, I don't specifically recall this page. Q Okay. Well, look at the bottom of it, that	4 5 6 7 8 9	agree that asbestos can cause cancer in the ovary, like IARC says? MS. AHERN: Objection. Form. Asked and answered. THE WITNESS: I just said I don't agree that it causes ovarian cancer. BY MR. DEARING:
4 5 6 7 8 9	If you look at have you seen this before, this monograph? This is where those statements came from. A I have seen the monograph, I don't specifically recall this page. Q Okay. Well, look at the bottom of it, that table. And do you see these are Group 1 agents, and	4 5 6 7 8 9	agree that asbestos can cause cancer in the ovary, like IARC says? MS. AHERN: Objection. Form. Asked and answered. THE WITNESS: I just said I don't agree that it causes ovarian cancer. BY MR. DEARING: Q Do you if you move over to the fourth
4 5 6 7 8 9 10	If you look at have you seen this before, this monograph? This is where those statements came from. A I have seen the monograph, I don't specifically recall this page. Q Okay. Well, look at the bottom of it, that table. And do you see these are Group 1 agents, and IARC defines Group 1 agents as known human carcinogens;	4 5 6 7 8 9 10	agree that asbestos can cause cancer in the ovary, like IARC says? MS. AHERN: Objection. Form. Asked and answered. THE WITNESS: I just said I don't agree that it causes ovarian cancer. BY MR. DEARING: Q Do you if you move over to the fourth column under asbestos, it describes the established
4 5 6 7 8 9 10 11	If you look at have you seen this before, this monograph? This is where those statements came from. A I have seen the monograph, I don't specifically recall this page. Q Okay. Well, look at the bottom of it, that table. And do you see these are Group 1 agents, and IARC defines Group 1 agents as known human carcinogens; right?	4 5 6 7 8 9 10 11	agree that asbestos can cause cancer in the ovary, like IARC says? MS. AHERN: Objection. Form. Asked and answered. THE WITNESS: I just said I don't agree that it causes ovarian cancer. BY MR. DEARING: Q Do you if you move over to the fourth column under asbestos, it describes the established mechanistic events that cause the cancer. And it says
4 5 6 7 8 9 10 11 12	If you look at have you seen this before, this monograph? This is where those statements came from. A I have seen the monograph, I don't specifically recall this page. Q Okay. Well, look at the bottom of it, that table. And do you see these are Group 1 agents, and IARC defines Group 1 agents as known human carcinogens; right? A Yes, correct.	4 5 6 7 8 9 10 11 12 13	agree that asbestos can cause cancer in the ovary, like IARC says? MS. AHERN: Objection. Form. Asked and answered. THE WITNESS: I just said I don't agree that it causes ovarian cancer. BY MR. DEARING: Q Do you if you move over to the fourth column under asbestos, it describes the established mechanistic events that cause the cancer. And it says the asbestos causes "impaired fiber clearance leading to macrophage activation, inflammation, generation of reactive oxygen and nitrogen species, tissue injury,
4 5 6 7 8 9 10 11 12 13	If you look at have you seen this before, this monograph? This is where those statements came from. A I have seen the monograph, I don't specifically recall this page. Q Okay. Well, look at the bottom of it, that table. And do you see these are Group 1 agents, and IARC defines Group 1 agents as known human carcinogens; right? A Yes, correct. Q And it identifies, first of all, arsenic as a	4 5 6 7 8 9 10 11 12 13	agree that asbestos can cause cancer in the ovary, like IARC says? MS. AHERN: Objection. Form. Asked and answered. THE WITNESS: I just said I don't agree that it causes ovarian cancer. BY MR. DEARING: Q Do you if you move over to the fourth column under asbestos, it describes the established mechanistic events that cause the cancer. And it says the asbestos causes "impaired fiber clearance leading to macrophage activation, inflammation, generation of
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4 5 6 7 8 9 10 11 12 13 14 15 16	If you look at have you seen this before, this monograph? This is where those statements came from. A I have seen the monograph, I don't specifically recall this page. Q Okay. Well, look at the bottom of it, that table. And do you see these are Group 1 agents, and IARC defines Group 1 agents as known human carcinogens; right? A Yes, correct. Q And it identifies, first of all, arsenic as a known human carcinogen, and it identifies tumor sites for which there is sufficient evidence of human carcinogenicity as lungs, skin, urinary bladder.	4 5 6 7 8 9 10 11 12 13 14 15 16 17	agree that asbestos can cause cancer in the ovary, like IARC says? MS. AHERN: Objection. Form. Asked and answered. THE WITNESS: I just said I don't agree that it causes ovarian cancer. BY MR. DEARING: Q Do you if you move over to the fourth column under asbestos, it describes the established mechanistic events that cause the cancer. And it says the asbestos causes "impaired fiber clearance leading to macrophage activation, inflammation, generation of reactive oxygen and nitrogen species, tissue injury, genotoxicity, aneuploidy and polyploidy epigenetic alteration, activation of signaling pathways,
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4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	If you look at have you seen this before, this monograph? This is where those statements came from. A I have seen the monograph, I don't specifically recall this page. Q Okay. Well, look at the bottom of it, that table. And do you see these are Group 1 agents, and IARC defines Group 1 agents as known human carcinogens; right? A Yes, correct. Q And it identifies, first of all, arsenic as a known human carcinogen, and it identifies tumor sites for which there is sufficient evidence of human carcinogenicity as lungs, skin, urinary bladder. Do you see that? A In the second column I see lungs, skin, yes,	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	agree that asbestos can cause cancer in the ovary, like IARC says? MS. AHERN: Objection. Form. Asked and answered. THE WITNESS: I just said I don't agree that it causes ovarian cancer. BY MR. DEARING: Q Do you if you move over to the fourth column under asbestos, it describes the established mechanistic events that cause the cancer. And it says the asbestos causes "impaired fiber clearance leading to macrophage activation, inflammation, generation of reactive oxygen and nitrogen species, tissue injury, genotoxicity, aneuploidy and polyploidy epigenetic alteration, activation of signaling pathways, resistances to apoptosis." So do you agree asbestos can cause lung
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	If you look at have you seen this before, this monograph? This is where those statements came from. A I have seen the monograph, I don't specifically recall this page. Q Okay. Well, look at the bottom of it, that table. And do you see these are Group 1 agents, and IARC defines Group 1 agents as known human carcinogens; right? A Yes, correct. Q And it identifies, first of all, arsenic as a known human carcinogen, and it identifies tumor sites for which there is sufficient evidence of human carcinogenicity as lungs, skin, urinary bladder. Do you see that? A In the second column I see lungs, skin, yes, urinary bladder. Uh-huh.	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	agree that asbestos can cause cancer in the ovary, like IARC says? MS. AHERN: Objection. Form. Asked and answered. THE WITNESS: I just said I don't agree that it causes ovarian cancer. BY MR. DEARING: Q Do you if you move over to the fourth column under asbestos, it describes the established mechanistic events that cause the cancer. And it says the asbestos causes "impaired fiber clearance leading to macrophage activation, inflammation, generation of reactive oxygen and nitrogen species, tissue injury, genotoxicity, aneuploidy and polyploidy epigenetic alteration, activation of signaling pathways, resistances to apoptosis." So do you agree asbestos can cause lung cancer?
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	If you look at have you seen this before, this monograph? This is where those statements came from. A I have seen the monograph, I don't specifically recall this page. Q Okay. Well, look at the bottom of it, that table. And do you see these are Group 1 agents, and IARC defines Group 1 agents as known human carcinogens; right? A Yes, correct. Q And it identifies, first of all, arsenic as a known human carcinogen, and it identifies tumor sites for which there is sufficient evidence of human carcinogenicity as lungs, skin, urinary bladder. Do you see that? A In the second column I see lungs, skin, yes, urinary bladder. Uh-huh. Q And a little bit further down it identifies	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	agree that asbestos can cause cancer in the ovary, like IARC says? MS. AHERN: Objection. Form. Asked and answered. THE WITNESS: I just said I don't agree that it causes ovarian cancer. BY MR. DEARING: Q Do you if you move over to the fourth column under asbestos, it describes the established mechanistic events that cause the cancer. And it says the asbestos causes "impaired fiber clearance leading to macrophage activation, inflammation, generation of reactive oxygen and nitrogen species, tissue injury, genotoxicity, aneuploidy and polyploidy epigenetic alteration, activation of signaling pathways, resistances to apoptosis." So do you agree asbestos can cause lung cancer? A Yes.
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	If you look at have you seen this before, this monograph? This is where those statements came from. A I have seen the monograph, I don't specifically recall this page. Q Okay. Well, look at the bottom of it, that table. And do you see these are Group 1 agents, and IARC defines Group 1 agents as known human carcinogens; right? A Yes, correct. Q And it identifies, first of all, arsenic as a known human carcinogen, and it identifies tumor sites for which there is sufficient evidence of human carcinogenicity as lungs, skin, urinary bladder. Do you see that? A In the second column I see lungs, skin, yes, urinary bladder. Uh-huh. Q And a little bit further down it identifies chromium as a Group 1 carcinogenic.	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	agree that asbestos can cause cancer in the ovary, like IARC says? MS. AHERN: Objection. Form. Asked and answered. THE WITNESS: I just said I don't agree that it causes ovarian cancer. BY MR. DEARING: Q Do you if you move over to the fourth column under asbestos, it describes the established mechanistic events that cause the cancer. And it says the asbestos causes "impaired fiber clearance leading to macrophage activation, inflammation, generation of reactive oxygen and nitrogen species, tissue injury, genotoxicity, aneuploidy and polyploidy epigenetic alteration, activation of signaling pathways, resistances to apoptosis." So do you agree asbestos can cause lung cancer? A Yes. Q Do you agree that that's the mechanism by

	Page 82		Page 84
1	moment ago using the term "cancer." And what I would	1	BY MR. DEARING:
2	say is that asbestos is primary causes	2	Q Are you aware of other cancers or do you have
3	mesotheliomas, which is a type of cancer but is very	3	knowledge to explain whether other cancers may be
4	different from adenocarcinoma or squamous cell	4	caused by this mechanistic process described by IARC
5	carcinoma of the lung, and which asbestos is plays	5	pertaining to asbestos?
6	maybe a contributory role, but certainly not the major	6	A Again, I mean, with established mechanistic
7	role.	7	events, things like resistance to apoptosis, activation
8	BY MR. DEARING:	8	of signaling pathways, epigenetic alteration,
9	Q Okay. So my question is do you believe that	9	genotoxicity, these are general mechanisms that have
10	asbestos can cause mesothelioma or other lung cancers	10	been implicated in the development of cancer in
11	by the mechanism that's described in this table?	11	general.
12	MS. AHERN: Objection. Form.	12	Q So looking at this mechanism that's described
13	THE WITNESS: Well, I'm not an expert on	13	by IARC, it says, "Impaired fiber clearance leading to
14	mesothelioma and asbestosis. However, I would agree	14	macrophage activation."
15	that asbestos causes mesothelioma pleural	15	Do you agree that macrophage activation is a
16	mesothelioma and potentially these mechanisms might	16	foreign-body response in the body?
17	explain it, but I haven't studied it.	17	MS. AHERN: Objection. Form.
18	BY MR. DEARING:	18	THE WITNESS: Macrophages can be induced by a
19	Q So you say that might be the mechanism, but	19	variety of well, of course, you mentioned
20	you just don't know?	20	foreign-body giant cell reaction, but other types of
21	A Well, I haven't studied it. I don't	21	inflammation can also induce the presence of
22	specialize in asbestosis.	22	macrophages.
23	Q I'm not faulting you. I'm just saying you're	23	BY MR. DEARING:
24	saying that could be, but you don't know. Does that	24	Q And giant cell granulomas are an agglomeration
25	mean you don't have a concrete opinion on that, whether	25	of macrophages; right?
	Page 83		Page 85
1	that's the mechanism that causes mesothelioma?	1	A Well, in the tissue, they're referred to
2	A Well, these are the mechanisms that IARC	2	histiocytes, but they're basically macrophages.
3	describes which, you know, may be reasonable. But,	3	Q So a giant cell is a joined group of
4	again, I don't have direct personal experience with	4	macrophages; right?
5	that. So I can't confirm every one of these features.	5	A Correct.
6	Q Okay. It also suggests that asbestos causes	6	Q So according to this mechanism described by
7	cancer in the larynx.	7	IARC, macrophage activation occurs, which appears to be
8	Do you agree that that that's true?	8	defined as inflammation.
9	MS. AHERN: Objection. Form.	9	Would you agree that that's what they mean
10	THE WITNESS: I really don't know about the	10	there by saying "inflammation"?
11	laryngeal carcinoma.	11	MS. AHERN: Objection. Form.
12	BY MR. DEARING:	12	THE WITNESS: Well, as I said just a moment ago,
13	Q It also says there are possibly other sites	13	macrophage activation can occur with a variety of
14	where asbestos causes cancer the colorectum, the	14	inflammatory reactions, not just only foreign-body
15	pharynx, the stomach.	15	giant cell.
16	Do you have any opinion about whether asbestos	16	BY MR. DEARING:
17	causes cancer in those organs?	17	Q Okay. Macrophage activation is a type of
18	A Again, these are areas that I'm not I have	18	inflammation; right? Is that a fair statement?
19	no involvement with. So I can't really comment.	19	A Not really. It's part of the inflammatory
20	Q Are you aware of other cancers that are caused	20	reaction. There are other cells as well
21	by this mechanistic process that's described here by	21	lymphocytes, plasma cells, eosinophils,
22	IARC for asbestos?	22	polymorphonuclear leukocytes. Macrophages are one type
23	MS. AHERN: Objection. Form. THE WITNESS: Could you rephrase that question?	23	of cell involved in inflammation.
24		24	11 And then do you agree that inflammation can
			Q And then do you agree that inflammation can
25	MR. DEARING: Sure.	25	lead to the generation of reactive oxygen and nitrogen

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	Page 86		Page 88
1	species?	1	BY MR. DEARING:
2	MS. AHERN: Objection. Form.	2	Q So thank goodness you can have DNA damage
3	BY MR. DEARING:	3	without cancer, but you can't have cancer without DNA
4	Q Is that outside your specialty?	4	damage; right?
5	A Again, I mean, I've read enough about that to	5	MS. AHERN: Objection. Form.
6	know that, yes, macrophage activation could induce	6	THE WITNESS: As far as I know, all cancers are
7	reactive oxygen species.	7	part of part of the development of cancer is
8	Q And reactive nitrogen species.	8	dependent on damage or I should say genotoxicity,
9	A And reactive nitrogen species.	9	which means damage in DNA in some form.
10	Q And can reactive oxygen species and reactive	10	BY MR. DEARING:
11	nitrogen species damage DNA?	11	Q And resistance to apoptosis can also be a
12	A Can it damage DNA? Yes.	12	result of DNA damage; right? That's part of the
13	Q And damaging, DNA, of course, can cause	13	problem with cancer is the cells don't they lose
14	uncontrolled proliferation of cells; correct?	14	their programmed ability to self-destruct; right?
15	MS. AHERN: Objection. Form.	15	MS. AHERN: Objection. Form.
16	THE WITNESS: Well	16	THE WITNESS: That's one of the factors in
17	BY MR. DEARING:	17	carcinogenesis, one of the factors.
18	Q I know there's some steps in between, but I'm	18	BY MR. DEARING:
19	trying to speed this up.	19	Q But that resistance to apoptosis is a result
20	MS. AHERN: Same objection.	20	of DNA damage; right?
21	THE WITNESS: Well, involvement interjection of	21	MS. AHERN: Objection. Form.
22	a certain agent into DNA can cause DNA damage, that's	22	THE WITNESS: Generally speaking, it's an
23	true.	23	activation of a suppressor gene called p53, maybe some
24	BY MR. DEARING:	24	other genes as well.
25	Q I'm not talking about certain agents. I'm	25	///
	Page 87		Page 89
1	talking specifically about reactive oxygen species and	1	BY MR. DEARING:
2	reactive nitrogen species. Those agents can damage	2	Q So as I mentioned, this is from 2009; right?
3	DNA; right?	3	Do you agree with me?
4	A Yes, they can.	4	A I think that's
5	Q And then cells with damaged DNA can become	5	Q The date is at the very bottom of the page.
6	cancer cells, can't they?	6	A Yeah.
7	MS. AHERN: Objection. Form.	7	Q It's right under the table, actually.
8	THE WITNESS: Not necessarily. Not all of them do.	8	A I see it, 2009.
9	Some might.	9	Q Okay. So in 2009 IARC said, "Epidemiological
10	BY MR. DEARING:	10	evidence has increasingly shown an association"
11	Q Well, would you agree that all cancers are	11	A Where are we reading now?
12	borne out of some genetic disruption?	12	Q I'm sorry. The top of page 454, so the other
13	MS. AHERN: Objection. Form.	13	page, very top.
14	THE WITNESS: The issue is it plays a role in	14	A Uh-huh.
15	carcinogenesis. But DNA damage, in and of itself, does	15	Q "Epidemiological evidence has
16	not invariably lead to malignant transformation.	16	increasingly shown an association for
17	BY MR. DEARING:	17	all forms of asbestos (chrysotile,
18	Q Right. But I'm asking the inverse of that	18	crocidolite, amosite, tremolite,
19	question.	19	actinolite, and anthophyllite) with an
20	You can't have cancer without original DNA	20	increased risk of lung cancer and
21	damage; right?	21	mesothelioma."
22	A That's	22	Do you agree with that statement?
23	MS. AHERN: Objection. Form.	23	A Yes.
	THE WITNESS: DNA damage is part of the process of	24	Q It goes on to say:
2.4	TIL WITTEND, DIVI GAMAZO IS DAIL OF HIC DIOCESS OF		0
24 25	development of a carcinoma.	25	"Although the potency differences

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	Page 90	Page	e 92
1	with respect to lung cancer or	1 it applies in 2019?	
2	mesothelioma for fibers of various types	A Well, if you read further down the paragraph	h.
3	and dimensions are debated, the	you'll see that it says let's see, one, two, three,	
4	fundamental conclusion is that all forms	four, five, six, seven, eight ten lines, it says:	
5	of asbestos are carcinogenic to humans."	5 "Cohort studies of women who were	
6	Do you agree with that?	6 heavily exposed to asbestos in the	
7	MS. AHERN: Objection. Form.	workplace consistently report increased	
8	THE WITNESS: Well, again, I'm not an expert on the	risks of ovarian cancer, as in a study	
9	different types of asbestos. I would leave I would	of women in the UK who manufactured gas	
10	defer that to an mineralogist to agree as to whether	masks during World War II."	
11	all types, as they state here, are associated with	Q Right.	
12	cancer.	A "Studies suggest asbestos can accumulate in	
13	BY MR. DEARING:	the ovaries of women who were exposed to it."	,
14	Q The next sentence says:	So you're talking about massive exposures of	•
15	"Mineral substances, for example,	asbestos in women who are occupationally exposed	
16	talc and vermiculite, that contain	numbers of cases, I looked at that, are very small	1110
17	asbestos should also be regarded as	because most of people who worked in that industr	v were
18	carcinogenic to humans."	18 men.	J 010
19	Do you agree with that statement?	So, again, you're referring to small numbers	
20	A Well, that's	of cases, extremely heavy exposure to asbestos tha	t
21	MS. AHERN: Objection. Form.	allows them to come to that conclusion, which is w	
22	THE WITNESS: That's what IARC states. Again, I	dispute.	nat I
23	don't agree with that, but that they state that, but	Furthermore, I think there's a significant	
24	I don't agree with it.	risk that cases called ovarian cancer you'll notice	
25	///	that there's no pathologist in the in the group in	•
	Page 91		e 93
1	BY MR. DEARING:	this in that statement that we read earlier, no	
2	Q If a mineral substance contains carcinogenic	pathologist in the IARC group. And I would disp	
3	asbestos, doesn't that make that mineral substance	fact that these are all carcinomas of the ovary. Th	ey
4	carcinogenic?	may be mesotheliomas that were misclassified.	•
5	_		
l	MS. AHERN: Objection. Form.	5 Q Okay. Do you believe asbestos can cause	
6	MS. AHERN: Objection. Form. THE WITNESS: We have no idea how much asbestos is	5 Q Okay. Do you believe asbestos can cause 6 mesothelioma of the ovary?	
7	MS. AHERN: Objection. Form.	5 Q Okay. Do you believe asbestos can cause 6 mesothelioma of the ovary? 7 A Well, I'd have	
l	MS. AHERN: Objection. Form. THE WITNESS: We have no idea how much asbestos is	5 Q Okay. Do you believe asbestos can cause 6 mesothelioma of the ovary? 7 A Well, I'd have 8 MS. AHERN: Objection. Form.	
7 8 9	MS. AHERN: Objection. Form. THE WITNESS: We have no idea how much asbestos is in there. It might be a totally minute amount, that there's a contaminant that doesn't have any relationship to the development of cancer.	5 Q Okay. Do you believe asbestos can cause 6 mesothelioma of the ovary? 7 A Well, I'd have 8 MS. AHERN: Objection. Form. 9 THE WITNESS: I'd have to, again, review the	data.
7 8 9 10	MS. AHERN: Objection. Form. THE WITNESS: We have no idea how much asbestos is in there. It might be a totally minute amount, that there's a contaminant that doesn't have any relationship to the development of cancer. BY MR. DEARING:	Okay. Do you believe asbestos can cause mesothelioma of the ovary? A Well, I'd have MS. AHERN: Objection. Form. THE WITNESS: I'd have to, again, review the I can tell you I hardly ever see, and there were har	data. dly
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	Page 94		Page 96
1	tissue to measure the burden count of asbestos fibers	1	MS. AHERN: Objection. Form. Asked and answered.
2	in the tissue.	2	THE WITNESS: I'll just repeat what I said before.
3	Do you know that about that study?	3	All I'm referring to is what they say talc is in the
4	MS. AHERN: Objection. Form.	4	various studies. I don't know all the details of the
5	THE WITNESS: I'd like to see the study.	5	composition of the talcum powder that they use.
6	BY MR. DEARING:	6	BY MR. DEARING:
7	Q Okay. So you have no opinion about that right	7	Q Since you have an opinion that talc cannot
8	not without seeing the study that	8	cause any type of inflammatory reaction that could
9	A Well, it's been a long time	9	cause ovarian cancer, don't you think it's important to
10	Q Let me finish the question, please.	10	know something about whether that talc is platy talc or
11	A Yeah, sorry.	11	asbestiform fibrous talc, or what type of talc it is?
12	Q So you have no opinion about whether asbestos	12	A No. It doesn't matter. Whatever it is hasn't
13	can accumulate in the ovaries of women who are exposed	13	been shown to form ovarian cancer.
14	to it?	14	Q Is it your opinion that asbestos exposed to
15	A I said I'd like to see the study.	15	ovaries doesn't cause cancer either?
16	Q That doesn't answer my question. You either	16	A I'm not convinced of it at this point. I'd
17	have an opinion or you don't.	17	like to see more studies.
18	MS. AHERN: Objection. Form.	18	Q Okay. Is it biologically plausible that
19	THE WITNESS: My answer is I can't come to an	19	asbestos could cause ovarian cancer?
20	opinion until I've seen the study.	20	A Biologically plausible? Again, to me, it's
21	BY MR. DEARING:	21	it has to be seen. And I haven't seen that yet. I'd
22	Q Okay. And you don't know whether you've seen	22	like to see more studies, and then I could tell you
23	the study before?	23	whether I think it's biologically plausible or not.
24	A I have seen the study, but I'd like to see it	24	Q So you don't know whether it's biologically
25	again. It's been a while.	25	plausible, as you sit here right now?
23	agam. It's occit a winic.		plausible, as you sit here right how:
	Page 95		
	rage 93		Page 97
1		1	
1 2	Q Okay. All right. Do you have any opinion about whether Johnson & Johnson baby powder or Shower	1 2	Page 97 A I'm saying I'd like to see more studies to be more convinced that it might be biologically plausible.
	Q Okay. All right. Do you have any opinion		A I'm saying I'd like to see more studies to be
2	Q Okay. All right. Do you have any opinion about whether Johnson & Johnson baby powder or Shower	2	A I'm saying I'd like to see more studies to be more convinced that it might be biologically plausible. At this point, I'm not convinced.
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Robert Kurman, M.D.

	Page 98		Page 100
1	cancer?	1	herpes simplex virus type 2, was thought to cause
2	A It would be nice to see asbestos in ovaries	2	cervical cancer. There were electron micrographs
3	causing a fibrous reaction, maybe seeing some	3	showing HSV-2 particles in cervical cancer.
4	ferruginous bodies, which are very characteristic of	4	There were zero epidemiologic studies
5	asbestos exposure in patients who have ovarian cancer.	5	confirming that HSV caused cervical cancer with
6	Q And while we're talking about this, what would	6	relative risks like ten, much higher than you see with
7	you expect to see or want to see regarding biologic	7	talc, and it was all wrong. As you said, it's you
8	plausibility of talc causing ovarian cancer?	8	know HPV causes it, not herpes.
9	A Well, we kind of	9	So just the presence of that in the ovarian
10	Q Same thing?	10	tumor doesn't mean that it causes cancer.
11	A discussed that earlier that with I'd	11	MR. DEARING: Right. I move to strike as
12	like to see a chronic foreign-body giant cell	12	nonresponsive.
13	granulomatous reaction, something to indicate that it's	13	BY MR. DEARING:
14	biologically active and not just sitting there, say, as	14	Q My question is, what do you need to see
15	a contaminant.	15	between the foreign-body response that you're
16	Q Okay. That's all you would want to see?	16	describing and the cancer to link the two? That's the
17	A I'd like to see ovarian cancer associated with	17	question.
18	it, an ovarian cancer in which these this is	18	MS. AHERN: Objection. Form.
19	associated with what I just described.	19	BY MR. DEARING:
20	Q How would you make the connection between a	20	Q What do you need to see?
21	foreign-body response to talc in the ovary and cancer	21	MS. AHERN: Objection. Form.
22	of the ovary? If you saw the foreign-body reaction	22	THE WITNESS: I'd like to see fulfillment of the
23	that you're saying you want to see, is that enough to	23	various criteria that we've talked about before,
24	say, "Well, if that's there, it may be able to cause	24	Bradford Hill, to really say that all the various
25	cancer"?	25	studies, not just biologic plausibility but strength of
	Daga 00		
	Page 99		Page 101
1	A Not at all.	1	Page 101 association from epidemiologic studies, dose response,
1 2		1 2	association from epidemiologic studies, dose response, consistency, the various factors that Bradford Hill
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Robert Kurman, M.D.

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	types of asbestos? Q Asbestiform talc fibers are not asbestos. A I'm sorry. Repeat your question. Q Yes. I am distinguishing those two. And if you don't know this and I'm outside of your wheelhouse, just tell me and I'll move on. A Yeah. Q Asbestiform talc fibers A Oh, okay. Q so not asbestos. Are you aware that IARC has identified asbestiform talc fibers as carcinogenic to humans? MS. AHERN: Objection. Form. THE WITNESS: I'm not aware of that. MR. DEARING: Would that fact affect your opinion about whether talc can cause ovarian cancers? THE WITNESS: No. MS. AHERN: Objection. Form. BY MR. DEARING: Q Have you read the 2012 IARC Monograph? A You'd have to show it to me. I don't recall. Q Well, it's on your reference list.	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Containing Asbestiform Fibres"? A Where am I? 230? Q I think you're on 231. A Oh, yeah. Q It says: "Talc particles are normally plate-like. These particles, when viewed on edge under the microscope, in bulk samples or on air filters, may appear to be fibers and have been misidentified as such. Talc may also form true mineral fibers that are asbestiform in habit. In some talc deposits, tremolite, anthophyllite, and actinolite may occur. Talc containing asbestiform fibers is a term that has been used inconsistently in the literature. In some contexts, it applies to talc containing asbestiform
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20 21 22 23 24	Q Have you read the 2012 IARC Monograph?A You'd have to show it to me. I don't recall.	20	
21 22 23 24	A You'd have to show it to me. I don't recall.		fibers of talc."
23 24		21	Do you feel like you have an understanding of
24		22	asbestiform talc fibers based on that explanation of
24	A Yeah. Well, I'd have to see it again.	23	what they are to talk more about them, or are we still
25	Q Okay.	24	outside of your expertise?
	(//	25	A I like the term where it says "inconsistently
	Page 103		Page 105
1	(The document referenced below was	1	in the literature."
2	marked Deposition Exhibit 5 for	2	Q Right.
3	identification and is appended hereto.)	3	A So if it's inconsistently in the literature,
4	BY MR. DEARING:	4	I, as not a mineralogist, would have a lot of trouble
5	Q Doctor, I'm marking as Exhibit 5 a portion of	5	dissecting all that out.
6	the 2012 Monograph, and the reason is it's several	6	Q It's inconsistent in the literature because
	hundred pages long and I'm trying to save some trees.	7	some authors treat asbestiform talc as asbestos, and
8	But here is the portion that I want to talk to	8	there's some confusion in the name. They should have
9	you about. First of all	9	named it something else, but that's the confusion
10	MS. AHERN: I'm sorry, one second. Could I get a	10	they're talking about.
11	copy? Thank you.	11	MS. AHERN: Objection to the characterization.
	BY MR. DEARING:	12	BY MR. DEARING:
13	Q So obviously the cover there identifies this	13	Q Anyway, we'll move on to the human exposure
14	as an IARC Monograph, and it's addressing arsenic,	14	section, page 232. The subheading is "Human Exposure."
	metals, fibers, and dust. And it's Volume 100C.	15	A Yes.
16	Do you see that?	16	Q And it says and this explains this is
17	A Yes.	17	the way IARC explains exposures and explains
18	Q And this is the one that you referenced in	18	carcinogenesis of the identified carcinogens is they
19	your reference list; right?	19	first talk about how humans get exposed to it.
20	A Yes.	20	And they say here that:
21	Q And you think you have seen this before?	21	"Consumer products (cosmetics,
22	You've read this?	22	pharmaceuticals) are the primary source
23	A Yes.	23	of exposure to tale for the general
24	Q If you would, turn to page 230.	24	population. Inhalation and dermal
25	Do you see the section entitled "Talc	25	contact, (i.e. through perineal

27 (Pages 102 to 105)

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	Page 106		Page 108
1	application of talcum powders) are the	1	A Absolutely not.
2	primary routes of exposure."	2	Q What is retrograde menstruation?
3	Do you agree with that statement that	3	A Retrograde menstruation occurs in women when
4	inhalation and dermal contact, such as through perineal	4	they have, at the time of menses, instead of the
5	application of talcum powders, is the primary route of	5	breakdown of the lining of the uterus, which is the
6	exposure for talc for humans?	6	endometrium, passing through the cervix, the vagina,
7	MS. AHERN: Objection. Form.	7	and going as we normally as normally occurs in
8	THE WITNESS: As far as I know, inhalation and	8	menstruation, goes the other way and goes through the
9	perineal exposure are the main contacts.	9	fallopian tubes to the peritoneal cavity.
10	BY MR. DEARING:	10	Q And you agree that 90 percent of women with
11	Q Right. In when they describe that	11	healthy fallopian tubes experience retrograde
12	exposure, IARC is describing exposure to the general	12	menstruation?
13	population; right? That's what it says right above	13	MS. AHERN: Objection. Form.
14	it	14	THE WITNESS: I don't know what the percentage is,
15	A Yeah.	15	but I'm sure it's frequent.
16	Q "exposure to the general population"?	16	BY MR. DEARING:
17	A That's what it says.	17	Q In your report on page 9, you have a short
18	Q Okay. That's all I'm going to ask you about	18	discussion here about endometriosis and endometrioid
19	that.	19	carcinomas.
20	Do you agree with the statement that "Patients	20	A Let me get there. Okay. Page 9.
21	with chronic aspirin, nonsteroidal anti-inflammatory	21	Q Right. You say in the third sentence:
22	drugs, or acetaminophen use have a reduced risk of	22	"The precise origin of
23	ovarian epithelial ovarian cancer"?	23	endometriosis has not been conclusively
24	MS. AHERN: Objection.	24	established. Proposed mechanisms
25	MR. DEARING: That was terrible. Let me start all	25	include retrograde menstrual flow and in
	Page 107		Page 109
1	over. Good grief.	1	situ development in the peritoneum
2	BY MR. DEARING:	2	through a process of metaplasia. Other
3	Q Do you agree that patients with chronic		
		3	mechanisms, including development of
4	aspirin, nonsteroidal anti-inflammatory drug, or	4	embryonic rests, have also been invoked.
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	Page 110		Page 112
1	Q Does that mean other gynecologic pathologists	1	peritoneal cavity as well.
2	disagree with you on that mechanism?	2	Q When that reverse flow transports that
3	MS. AHERN: Objection to form. Which mechanism?	3	endometrial tissue, does it pick up anything else when
4	BY MR. DEARING:	4	it goes?
5	Q Is that what you mean by that?	5	MS. AHERN: Objection. Form.
6	A Yeah.	6	BY MR. DEARING:
7	Q That endometriosis is caused by this process	7	Q Anything else that might be in that cavity?
8	that you just described.	8	Any other cells?
9	A In other words, that endometriosis can be	9	MS. AHERN: Objection. Form.
10	caused either by retrograde menstruation, metaplasia,	10	THE WITNESS: There are no other cells. There's
11	or from embryonic rest. That covers it all.	11	just the endometrium.
12	Q Okay. I want to put a diagram up, just	12	BY MR. DEARING:
13	because this makes it easier for me to talk about it.	13	Q What if there were bacterium in that area?
14	I can hand you one if you prefer, if it is easier to	14	Would the retrograde menstruation pick up the bacterium
15	see, but I have lots of them.	15	and deliver them to the ovaries with the tissue?
16	MS. AHERN: Thank you.	16	A Well, certainly, women who have pelvic
17	THE WITNESS: Might as well take advantage of your	17	inflammatory disease, sexually transmitted disease, it
18	generosity. Okay.	18	involves the fallopian tubes. So somehow or another,
19	BY MR. DEARING:	19	the bacteria get there. Now, whether they come by
20	Q So now using this diagram to describe this	20	lymphatics, I don't know. It's usually thought to be
21	retrograde menstruation that you're talking about.	21	through lymphatics, not necessarily retrograde
22	A Uh-huh.	22	menstruation.
23	Q So what you're saying is that the	23	Q Okay. My question is, if there were other
24	endometrium the endometrial tissues expelled during	24	materials in that tissue that's being transported,
25	menstruation. Can you show me on your diagram, and	25	whether it's bacteria, whether it's foreign material,
	D 111		
	Page 111		Page 113
1	then I'll repeat it here, where that tissue is coming	1	don't you think or don't you agree that it could
2	then I'll repeat it here, where that tissue is coming from that's being expelled?	2	don't you think or don't you agree that it could also be picked up and transported through the fallopian
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Robert Kurman, M.D.

	Page 114		Page 116
1	a protective effect of ovarian cancers in general, all	1	carcinoma than for high-grade serous
2	histologic types of ovarian cancer, by tubal ligation?	2	carcinoma, presumably because tubal
3	MS. AHERN: Objection. Form.	3	ligation interrupts the retrograde
4	THE WITNESS: I'm not sure there's data for	4	passage of endometrial tissue from the
5	high-grade serous carcinoma. I'm not aware of data for	5	uterus to the peritoneal cavity."
6	low-grade serous carcinoma. I'm not aware of data on	6	A Correct, but you have to keep reading.
7	mucinous. I'm not aware of that. But for other	7	Q "However, this mechanism does
8	certainly high-grade serous carcinoma.	8	not fit well with the development of
9	BY MR. DEARING:	9	high-grade serous carcinoma, which is
10	Q Would you agree that high-grade serous	10	now thought to derive from a precursor
11	carcinomas make up about 80 percent of the ovarian	11	lesion in the fimbriated end (the most
12	cancers?	12	distal portion) of the fallopian tube,
13	A Yes. But I should add, as I put in my report,	13	which is in close contact with the
14	that's not the only explanation. You're implying that	14	ovary."
15	retrograde menstruation is what has reduced the risk	15	I understand that, and I'm going to talk a lot
16	of high-grade serous carcinoma. I think there's	16	about
17	another statement in there that I made which indicates	17	A Read the next sentence.
18	that tubal ligation has been demonstrated in both	18	Q Okay.
19	humans and animals to reduce or make that epithelium on	19	A "Importantly, Tiourin, et al.,
20	the fimbriated end of the tube more quiescent, meaning	20	demonstrated in humans and mouse models
21	less proliferation, less likelihood of mutations	21	'that tubal ligations induces quiescence
22	occurring. And perhaps that's another mechanism that	22	of distal fallopian tube epithelium' by
23	reduces the risk of high-grade serous carcinoma.	23	decreasing the number and proliferation
24	Q I don't remember seeing that in your report,	24	of progenitor cells in that region,
25	but you do say, "Also supportive of this" and I'm on	25	which can explain the slight reduction
	Davis 115		Da 117
1	Page 115		Page 117
1	page 9, near the bottom of that paragraph.	1	in the risk of high-grade serous
2	"Also supportive of this hypothesis	2	carcinoma associated with this
3	are epidemiologic data that indicate the	3	procedure."
4	protective effect for tubal ligation is	4	Q Okay. But you agree with me that
5 6	stronger for endometrioid and clear cell	5	epidemiologic data shows a protective effect for
7	carcinoma than for high-grade serous carcinoma"	7	high-grade serous carcinoma in particular for women who
8		8	have undergone tubal ligations?
	A I'm sorry. Could you just tell me where you		MS. AHERN: Objection. Form.
9 10	are reading again? I want to make sure you're right.	9	THE WITNESS: Yes. Slightly less than it is for
10	Q Sure. It is middle of that page	10	endometrioid and clear cell carcinoma.
11	A "This suggests"?	11	BY MR. DEARING:
12	Q bottom of the paragraph.	12	Q And for endometrial endometrioid and clear
13	A Is that	13	cell carcinomas, it's a significant reduction in risk,
14	Q Below "this suggests."	14	isn't it?
15 16	A Okay. "This suggests." Okay.	15	A I don't
16	Q "Also supportive"	16	Q Tubal ligation.
17	A Okay. Got you.	17	A Yes, it definitely plays a role.
18	Q "Also supportive of this hypothesis" and	18	Q And it makes perfect sense because, if you
19	you're talking about this retrograde menstruation that	19	occlude the tubes, nothing can pass through them;
20	delivers endometrial tissue the ovary?	20	right?
21	A Right.	21	MS. AHERN: Objection.
	Q "Also supportive of this hypothesis	22	THE WITNESS: Right.
22			Harry rya daina ryith ann bladdana?
23	are epidemiologic data that indicate the	23	How we doing with our bladders?
	are epidemiologic data that indicate the protective effect for tubal ligation is stronger for endometrioid and clear cell	23 24 25	MS. AHERN: Do you need to go? THE WITNESS: I drank too much coffee.

30 (Pages 114 to 117)

	Page 118		Page 120
1	MR. DEARING: Want to take a break?	1	Q Sure.
2	THE WITNESS: Yeah. Would that be okay?	2	So you've never actually seen the flow take
3	MR. DEARING: Absolutely. Anytime. Please tell	3	place, obviously. Have you seen any evidence that that
4	me. I get carried away.	4	flow takes place that makes you think it exists?
5	VIDEO OPERATOR BROWN: Time is now 11:59. Going	5	A Well, I've seen in microscopic slides of the
6	off the record.	6	fallopian tube taken out at the time a woman is
7	(Lunch recess taken.)	7	menstruating, seen collections of blood and broken-down
8	VIDEO OPERATOR BROWN: Okay. Time is now 1:02.	8	endometrium within the tubal lumen.
9	Back on the record.	9	Q Okay. So retrograde menstruation takes place
10	BY MR. DEARING:	10	during a woman's regular menstrual cycle, or is it some
11	Q Doctor, you mentioned a few minutes ago a	11	other time during that
12	while ago about your textbook that you edited.	12	A No, during the time of the menstrual cycle.
13	It's called "Blaustein's"	13	Q So the menstrual fluid is flowing both ways at
14	A "Pathology of the Female Genital Tract."	14	the same time?
15	Q And you're the primary editor of that	15	A Well, conceivably, yes. It's going out in the
16	textbook; is that right?	16	normal pathway, but also collections of the same kind
17	A I was until the last edition. I had two	17	of material can be seen in the lumen of the fallopian
18	junior people join me, and they're doing that with me	18	tube. Not often, but we've seen it.
19	on this current edition that we're working on.	19	Q Is it your testimony that the only way that
20	Q What is the last edition that was published?	20	those endometrial cells could get to the lumen of the
21	A The sixth edition.	21	fallopian tube or to the ovaries is by this retrograde
22		22	menstruation?
23	Q And how many editions have you edited? A Third, fourth, and fifth by myself. Sixth	23	MS. AHERN: Objection to form.
24	with the two of them, and now the seventh with these	24	THE WITNESS: Yeah. I can't imagine how they would
25	two people.	25	get there any other way.
23	тwo реорге.		get there any other way.
	D 110		
	Page 119		Page 121
1		1	Page 121 BY MR. DEARING:
1 2	Q And in addition to editing the textbook, have	1 2	
			BY MR. DEARING:
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	Page 122		Page 124
1	A Well, that's what I was getting to just a	1	fimbriated ends of the tubes and the ovaries; is that a
2	moment ago. Some of those changes may already be	2	fair statement?
3	present in the endometrium. So that would explain why	3	MS. AHERN: Objection. Form.
4	some women women two women have retrograde	4	THE WITNESS: Well, I didn't say anything about
5	menstruation; one gets endometriosis and the other one	5	other than blood and endometrial products that are in
6	doesn't, because of those changes already present.	6	retrograde menstruation, and those are tend to be
7	Q Have you witnessed any of those cell changes	7	associated to a greater extent with clear cell and
8	in any kind of laboratory study or experiment?	8	endometrioid carcinoma rather than high-grade serous
9	MS. AHERN: Objection. Form.	9	carcinoma.
10	THE WITNESS: Again, could you please rephrase what	10	BY MR. DEARING:
11	you mean by that.	11	Q Right. Were you taking exception to something
12	BY MR. DEARING:	12	I said in that statement?
13	Q Well, let's say endometrial cells that don't	13	A Yes.
14	already have some carcinogenic process taking place	14	O Did I
15	A Okay.	15	A Well, do you want to repeat the statement
16	Q get you know, get free from the	16	Q Sure.
17	endometrium, go through the fallopian tubes, implant on	17	A and I'll point out where I'm differing.
18	the ovary.	18	Q The statement is, if you ligate or close the
19	•	19	fallopian tubes, endometrial material and potential
20	Are those cells capable of turning into endometrioid carcinoma?	20	environmental carcinogens are blocked. They cannot
21		21	
22	A Well, the based on that study there are	22	A Stop. That's where I was disagreeing. "And
23	a couple studies now it apparently doesn't occur.		potential environmental carcinogens," I didn't agree
	Or that's the suggestion, that it only occurs in women	23	with that. I agreed with the blood but not with that
24	who have this genetic alteration to begin with.	24	part.
25	Because, otherwise, as we said, women many not	25	Q What about environmental carcinogen what
	Page 123		Page 125
1	Page 123 many more normal women can have retrograde	1	Page 125 about that statement do you disagree with?
1 2		1 2	
	many more normal women can have retrograde		about that statement do you disagree with?
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	Page 126		Page 128
1	A Okay.	1	tubal ligation prevent the introduction
2	Q So I'm referring to Chapter 14 of this book.	2	of a variety of potential environmental
3	And Chapter 14 is entitled "Surface Epithelial Tumors	3	carcinogens from entering the peritoneal
4	of the Ovary."	4	cavity and thereby coming into contact
5	You're familiar with this chapter; right?	5	with tubal and ovarian tissue."
6	A Yes.	6	That's where I got that statement from.
7	Q And you're one of the authors of this chapter;	7	So are you now saying you disagree with your
8	right?	8	statements in this textbook with regard to
9	A Yes.	9	environmental carcinogens?
10	Q On page 681 of this chapter, you're	10	A Well, you have to understand textbooks. You
11	discussing, for context, etiology and risk factors for	11	basically cite what's out there. And what we're
12	ovarian cancer; right?	12	stating there is what some people have allegedly
13	A Well, I'll have to see. I can't read it from	13	reported, so that we're trying to be complete.
14	there.	14	Q No, Doctor, that's not what somebody alleged
15	Q Well all right. So this is the title page,	15	in a report. That's the predominant theory. That's
16	"Surface Epithelial Tumors of the Ovary."	16	why that's in the textbook.
17	And you see the first section says	17	You're not saying this is what a few people
18	"Epidemiology"; right?	18	say. You're saying this because this is the
19	A Well, I can't. Maybe you can magnify it	19	predominant theory; right?
20	greater.	20	A I didn't say
21	Q Maybe.	21	MS. AHERN: Objection. Argumentative.
22	A I can see "Surface Epithelial," but I can't	22	THE WITNESS: I didn't.
23	see the subheadings.	23	MS. AHERN: Object to the form.
24	MS. AHERN: I think part of it is the glare from	24	THE WITNESS: Sorry.
25	the lighting is making it a little hard to read.	25	I didn't say anything about the predominance.
	Page 127		Page 129
1		1	
1 2	THE WITNESS: That's better.	1 2	I said it's a view that's out there and that's
2	THE WITNESS: That's better. BY MR. DEARING:	2	I said it's a view that's out there and that's reported. I didn't say anything about that it's the
2	THE WITNESS: That's better. BY MR. DEARING: Q Okay. It'll be easy for you to read along		I said it's a view that's out there and that's reported. I didn't say anything about that it's the predominant.
2	THE WITNESS: That's better. BY MR. DEARING: Q Okay. It'll be easy for you to read along with me, but	2	I said it's a view that's out there and that's reported. I didn't say anything about that it's the predominant. BY MR. DEARING:
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2 3 4 5	THE WITNESS: That's better. BY MR. DEARING: Q Okay. It'll be easy for you to read along with me, but	2 3 4 5	I said it's a view that's out there and that's reported. I didn't say anything about that it's the predominant. BY MR. DEARING:
2 3 4 5 6	THE WITNESS: That's better. BY MR. DEARING: Q Okay. It'll be easy for you to read along with me, but So this is the chapter on surface epithelial tumors of the ovary. A Correct.	2 3 4 5 6	I said it's a view that's out there and that's reported. I didn't say anything about that it's the predominant. BY MR. DEARING: Q It wouldn't be in this textbook and written that way if it wasn't biologically plausible, would it be?
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Robert Kurman, M.D.

	Page 130		Page 132
1	BY MR. DEARING:	1	see if you can make it
2	Q Do you agree with me that, with regard to this	2	Q Sure. There you go.
3	statement and the protective effect of hysterectomies	3	A Yeah, that's what it says.
4	and tubal ligations against the introduction of	4	Q Okay. I wasn't trying to trick you.
5	environmental carcinogens, that there's no qualifying	5	A Well, I just want to be sure if it's correctly
6	language associated with this statement like "I don't	6	stated.
7	really believe this" or "This is an outlier-type	7	I have to make a minor equipment change here.
8	opinion"? There's nothing like that in that statement,	8	Okay.
9	is there?	9	Q This textbook was published in 2011; right?
10	A That's true.	10	A That's correct.
11	Q And this textbook, which you just said is for	11	Q So it was published before you were retained
12	doctors, medical students, scientists, people that want	12	as an expert by Johnson & Johnson; right?
13	to know, if they wanted to know what's you know,	13	A Correct.
14	does hysterectomy and tubal ligation offer protective	14	Q Do you agree that if talc can reach the
15	effect against ovarian cancer, they would look to your	15	uterus, then it could reach the ovaries?
16	textbook.	16	A I don't
17	And all it says is it does offer protective	17	MS. AHERN: Objection. Form.
18	effect against environmental potential environmental	18	THE WITNESS: I don't agree that talc can reach the
19	carcinogens; right?	19	uterus.
20	MS. AHERN: Objection. Form.	20	BY MR. DEARING:
21	THE WITNESS: It's	21	Q Right. I'm just asking you hypothetically, if
22	BY MR. DEARING:	22	talc could reach the uterus, then do you think it could
23	Q In other words, there's no alternative view	23	also reach the ovaries, either through retrograde
24	stated there, is there?	24	menstruation or some other process?
25	MS. AHERN: Objection. Form.	25	MS. AHERN: Objection. Form.
	Page 131		Page 133
1	THE WITNESS: What's stated there is what's stated	1	THE WITNESS: Again, there's no data. I have no
2	there, yes.	2	no data, so I can't say that it could.
3	BY MR. DEARING:	3	BY MR. DEARING:
4	Q Okay. While I have the book open, I asked you	4	Q Well, I'm asking you as a 40-year experienced
5	a specific question about whether you agreed that	5	gynecologic pathologist. Okay. Relying on all the
6	retrograde menstruation is a common physiologic process	6	experience that you've relying on all of your
7	that occurs in 90 percent of menstruating women with	7	experience, do you have an opinion either way whether,
8	normal unoccluded fallopian tubes, and you said you		
	1 , 3	8	if talc could reach the uterus, then it could probably
9	think that it's a lot of women or it's a majority.	9	reach the ovaries?
9 10	think that it's a lot of women or it's a majority. A Yeah, it is pretty high.		reach the ovaries? A Pure speculation. I can't comment on that.
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10 11 12 13 14 15 16 17 18 19 20 21 22	think that it's a lot of women or it's a majority. A Yeah, it is pretty high. Q Well, would it surprise you that that 90 percent came from your textbook? A Well, I'd like to see it. Q Okay. On page 642 where you're describing endometriosis, see there, and usual sites? A I see that. Q The next column over where I have the blue marker, it says: "Retrograde menstruation through the fallopian tubes is a common physiologic process occurring in 90 percent of menstruating women with	9 10 11 12 13 14 15 16 17 18 19 20 21 22	reach the ovaries? A Pure speculation. I can't comment on that. Q Well, you're an expert. You are allowed to speculate. A Doesn't matter if I'm an expert. It's speculation. Q Okay. So you A It's meaningless. Q So you don't have an opinion either way? A I told you I don't think it could reach the uterus, and I don't and, therefore, I don't think it can go any further. It can't get to the uterus. Q If it was implanted in the uterus, do you think could reach the ovaries?

34 (Pages 130 to 133)

Page 134 Page 136 THE WITNESS: Well, I should say that, at times, 1 discuss it. 1 2 2 BY MR. DEARING: there can be a lesion that comes from another site that 3 Q So without seeing a study, you have no opinion 3 mimics serous tubal intraepithelial carcinoma, so you 4 4 either way whether talc could move from the uterus to have to be very careful when you draw that conclusion. 5 5 the ovary? BY MR. DEARING: 6 6 A That's not science. It's just speculation. Q Sir, that's not the question I'm asking. 7 7 Q Okay. Is retrograde menstruation one of those A Oh, okay. 8 biologically plausible ideas that you do believe exists 8 Q Can a trained pathologist tell by looking at a 9 even though you haven't seen it take place? 9 tumor whether it came from the fallopian tube or 10 10 MS. AHERN: Objection. Form. whether it originated at the ovaries? 11 THE WITNESS: Wait. I'm sorry. 11 A Well, you can't do it simply on H&E analysis. 12 12 You really require molecular analysis to demonstrate BY MR. DEARING: 13 13 Q You have testified you've never seen that it's cloned, that the same genetic alterations retrograde menstruation take place, but you do say that 14 that are present in the STIC are present in the -- in 14 15 15 it's biologically plausible. the corresponding ovarian cancer. 16 16 A Well, I said, in fact, that I've seen, in Q So a surgical pathologist, for example, microscopic sections of the fallopian tube, parts of 17 17 looking at a surgical specimen from an oophorectomy 18 that's been diagnosed, at least before surgery, as 18 endometrial tissue and blood in the lumen of the 19 19 fallopian tube. So, yes, I think it can occur. ovarian cancer can't tell if that carcinoma originated 20 Q I can't remember if you answered this. If you 20 from the ovary or the fallopian tube by looking at the 21 21 did, I apologize. tumor; right? 22 22 MS. AHERN: Objection. Form. You've said retrograde menstruation occurs 23 23 THE WITNESS: Just looking at the H&E, based on the during the regular menstrual cycle of a woman. And I 24 24 studies that have been published, I think it would be said does that mean you're saying it flows both ways at reasonable to suspect that that's where it came from. 25 25 the same time, and you said yes. Page 135 Page 137 1 Do you know what specifically causes it to 1 BY MR. DEARING: 2 2 flow upstream, you know, towards the fallopian tube? Q But there's no characteristic about the tumor 3 A I have no idea. I don't think anyone has. 3 that tells you that; right? There's nothing you can 4 Q In your report, on page 6, under the section 4 see under a microscope where you could say, "Oh, that 5 "Precursor Lesions" --5 came from the fallopian tube versus ovarian primary"? 6 A Yes. 6 MS. AHERN: Object. 7 7 -- you state: THE WITNESS: That's correct. 8 8 BY MR. DEARING: "Our understanding of the 9 pathogenesis of ovarian cancer has 9 Q And when you're using the term "precursor 10 advanced in the last few years with the 10 lesion" in your report, what do you mean by that? How 11 recognition that many high-grade serous 11 do you define "precursor lesion"? 12 12 carcinomas developed from a precursor A Well, it's a lesion that precedes the 13 13 lesion in the fallopian tube designated development of, in this case, invasive carcinoma. 14 serous tubal intraepithelial carcinomas 14 Because a STIC is a cancer in situ, if you will, but 15 or STIC." 15 there are other lesions in the p53 signatures which are 16 Did I read that right? 16 benign that appear to precede the development of STICs. 17 A Yes, that's correctly stated as it's written, 17 Q And you don't believe type 1 tumors originate 18 18 in the fallopian tube, do you? yes. 19 19 Q Do you believe that most high-grade serous A Well, we think possibly that some low-grade 20 ovarian cancers derive from the fallopian tube? 20 serous carcinomas, which are type 1 tumors, may well 21 21 A I do. arise from fallopian tube, but in a different 22 Q Can a trained pathologist tell if a cancer 22 mechanism. 23 derived from the fallopian tube by looking at it under 23 Q Can you give me an example of a fallopian tube 24 a microscope? 24 precursor lesion that may be a precursor for any type MS. AHERN: Objection. Form. 25 25 of ovarian cancer?

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Robert Kurman, M.D.

	Page 138		Page 140
1	A STIC, or p53 signature.	1	MS. AHERN: Objection.
2	Q So you're saying it is a that type 2 tumors	2	THE WITNESS: Please rephrase the question.
3	start out as serous tubal intraepithelial carcinomas in	3	MR. DEARING: Sure.
4	the fallopian tube, and then somehow migrate from the	4	BY MR. DEARING:
5	fallopian tube to the ovaries?	5	Q You obviously think that this precursor tubal
6	MS. AHERN: Objection. Form.	6	lesion idea that is a precursor lesion for ovarian
7	THE WITNESS: Yes. That's correct.	7	cancers
8	BY MR. DEARING:	8	A For high-grade serous ovarian cancers.
9	Q What mechanism propels it through the	9	Q And some low-grade, you said?
10	fallopian tube to make it implant on the ovary?	10	A No, no. It's a different mechanism.
11	A Well, there may be a number of ways. One way	11	Q Let's stick with high-grade serous. That's
12	is that these STIC cells have this cohesiveness, so	12	the majority of cancers anyway, isn't it?
13	that they are breaking off and they can fall into the	13	A Yes.
14	fallopian tube and they could migrate up that way, or	14	Q So are you saying that these tubal lesions
15	they might even be even though they are noninvasive,	15	are are you saying it's biologically plausible that
16	there may be a way, it has been suggested I'm not	16	these tubal lesions are precursor lesions to high-grade
17	sure it is well documented it somehow may get into	17	serous carcinomas where they're starting in the tube
18	lymphatics and get into the ovary that way.	18	and implanting in the ovary?
19	Q What are some of the causes of fallopian tube	19	A That's the mechanism we think is at play, yes.
20	precursor lesions?	20	Q And you believe that's a biologically
21	MS. AHERN: Objection. Form.	21	plausible explanation for that process even though you
22	THE WITNESS: We don't know what they are.	22	don't know what's causing the tubal lesions; right?
23	BY MR. DEARING:	23	MS. AHERN: Objection. Form.
24	Q Could environmental carcinogens be a potential	24	THE WITNESS: We're saying that we don't know the
25	cause of a tubal precursor lesion?	25	cause of STIC, but we know that it has mutations and
	Page 139		Page 141
1	A Well, we haven't made that finding yet.	1	morphologic changes that are exactly the same as those
2	Q If talc could reach the fallopian tubes, could	2	in high-grade serous carcinomas. So we're able to make
3	talc serve as a catalyst for a precursor lesion that	3	that jump, but we don't know we'd love to know what
4	would create a STIC that might lead to an ovarian		
5		4	the cause of a STIC is. Prevention is, to me, the only
	cancer?	5	the cause of a STIC is. Prevention is, to me, the only way we're going to make headway and, really, an impact
6			-
	cancer?	5	way we're going to make headway and, really, an impact
6	cancer? MS. AHERN: Objection. Form.	5 6	way we're going to make headway and, really, an impact on preventing the development of that. But we have no
6 7	cancer? MS. AHERN: Objection. Form. THE WITNESS: Well, based on what we've seen with talc in other locations, such as when it's used in pleurodesis long-term studies have not shown the	5 6 7	way we're going to make headway and, really, an impact on preventing the development of that. But we have no idea what it is that we need to prevent at this point.
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36 (Pages 138 to 141)

BY MR. DEARING: 2 2 3 3 4 4 3 4 4 4 5 4 5 4 5 4 5 5		Page 142		Page 144
2 endosalpingiosis."	1	BY MR. DEARING:	1	in the pathogenesis of papillary tubal hyperplasia and
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25 That statement is not true it you substituted	19 20 21 22 23	exposure. BY MR. DEARING: Q Tell me if you agree with this sentence: "It is well known that an inflammation may stimulate	21 22 23	of studies assessing the characteristics of serous tubal intraepithelial carcinomas and have not found them to be
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Robert Kurman, M.D.

	Page 146		Page 148
1	STIC for low-grade serous carcinomas; right?	1	MS. AHERN: Objection. Form.
2	MS. AHERN: Objection. Form.	2	THE WITNESS: We're again talking about ovarian
3	THE WITNESS: STICs are precursors of high-grade	3	high-grade serous carcinomas.
4	serous carcinoma	4	BY MR. DEARING:
5	BY MR. DEARING:	5	Q Yes.
6	Q I know.	6	A Yes, I think that happens.
7	A not low-grade.	7	Q Okay. So one of the things you said
8	Q Right. But my point is, even though you say	8	previously was you don't believe talc can cause ovarian
9	you have not seen STICs associated with inflammation,	9	cancer because you've seen no evidence that talc causes
10	you have seen low-grade serous carcinomas associated	10	foreign-body granulomatous reactions in gynecologic
11	with inflammation; right? That's what we were just	11	tissue; right?
12	talking about.	12	MS. AHERN: Objection. Mischaracterizes testimony.
13	A We've seen	13	BY MR. DEARING:
14	MS. AHERN: Objection. Form.	14	Q Does that mischaracterize your testimony?
15	THE WITNESS: Sorry.	15	A Repeat what you just said.
16	We have seen inflammation associated with	16	Q Sure.
17	papillary tubal hyperplasia. That's what that paper	17	You said you do not believe that talcum powder
18	shows.	18	exposure can cause ovarian cancer of any sort because
19	BY MR. DEARING:	19	you have not seen evidence of a foreign-body reaction,
20	Q Well, papillary tubal hyperplasia can be a	20	granulomatous reaction, to talc in gynecologic tissue?
21	precursor lesion to ovarian cancer, can't it?	21	MS. AHERN: Same objection. Mischaracterizes
22	MS. AHERN: Objection. Form.	22	testimony.
23	THE WITNESS: Can be a precursor of borderline	23	BY MR. DEARING:
24	tumors, which can then be a precursor not all of	24	Q What did I get wrong?
25	them. Very few of them progress to low-grade serous	25	A Yes. Okay.
	Page 147		Page 149
1	carcinoma. So it could be, but many of them don't.	1	Q Is that your testimony?
2	BY MR. DEARING:	2	A Yes.
3	Q Well, and, of course, some borderline serous	3	Q Your attorney doesn't think so.
4	tumors progress into invasive serous tumors, don't	4	MS. AHERN: The record will reflect
5	they?	5	BY MR. DEARING:
6	A They progress to invasive low-grade serous	6	Q Did I say it right?
7	carcinomas, some of them.	7	MS. AHERN: what his testimony was earlier.
8	Q And they can also implant in other organs,	8	THE WITNESS: You said the ovary.
9	can't they?	9	BY MR. DEARING:
10	A Yes, they can.	10	Q In fact, you said, "I don't even think it's
11	Q Incidentally, this paper that we're talking	11	biologically plausible because I've never seen it."
12	about, the papillary tubal hyperplasia paper that you	12	Right? Remember that whole line of questions?
13	wrote, it also includes some epidemiology information,	13	A I've never seen talc, yeah, in association
14	doesn't it?	14	with precursor lesions or high-grade ovarian carcinoma.
15	MS. AHERN: Objection. Form.	15	Q Right. What you said is you didn't believe
16	THE WITNESS: You'll have to tell me show me	16	talc could cause ovarian cancer because you haven't
17	exactly what you are talking about.	17	seen the foreign-body granulomatous response to talc
18	MR. DEARING: Actually, you know what? I'm not.	18	that you would expect to see
19	Let's move on with this.	19	MS. AHERN: Objection. Form.
20	BY MR. DEARING:	20	BY MR. DEARING:
1	Q Do you agree that ovarian cancer precursor	21	Q from talc exposure; right?
21		22	MS. AHERN: Mischaracterizing testimony.
21 22	lesions are rarely seen or observed because ovarian	""	MS. 7 HIERA V. Misenaraeterizing testimony.
	carcinomas typically present in advanced stage and	23	THE WITNESS: I think we need to be clear that,
22	-		

38 (Pages 146 to 149)

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Robert Kurman, M.D.

	Page 154		Page 156
1	MS. AHERN: Page I'm sorry 285?	1	end-stage disease; right?
2	MR. DEARING: 685.	2	MS. AHERN: Object to the form.
3	MS. AHERN: 685. Thank you.	3	THE WITNESS: You're said saying "most," and I
4	MR. DEARING: I'll try to position this.	4	don't agree with "most."
5	MS. AHERN: What year is that edition?	5	BY MR. DEARING:
6	THE WITNESS: 2011, I think.	6	Q You don't agree with "most"?
7	MR. DEARING: It's the most current.	7	A No.
8	THE WITNESS: You can see that.	8	Q Okay. Some?
9	MS. AHERN: Okay. Thank you.	9	A Some, yeah. Some might be obliterated.
10	BY MR. DEARING:	10	Q Can you put a percentage on how many ovarian
11	Q It's under the subheading "Putative	11	cancer cases you've looked at under a microscope where
12	Histopathologic Precursor Lesions." And you write:	12	you've observed precursor lesions?
13	"The study of precursors of ovarian	13	MS. AHERN: Objection. Form.
14	carcinoma is difficult because the	14	THE WITNESS: I can't give you a number.
15	ovaries are not readily accessible for	15	BY MR. DEARING:
16	screening and ovarian carcinomas	16	Q Is it half?
17	typically present in advanced stage,	17	A I've seen a lot of them. I can't give you
18	obliterating or rendering unrecognizable	18	over the years. I can't give you a number.
19	any precursor lesion that may be	19	Q How about in the last ten years?
20	present. Furthermore, identification of	20	MS. AHERN: Objection. Form.
21	a putative precursor lesion is based on	21	THE WITNESS: Doesn't make any difference. I would
22	microscopic examination of a complete	22	see ovarian cancers I'd see maybe 30 cases in a week
23	resection; and, therefore, the natural	23	or two weeks. It's a large number of cases. Do I
24	history of the lesion cannot be	24	remember how many I've seen with STICs? It's
25	observed."	25	impossible.
	Page 155		Page 157
1		1	
1 2	Page 155 So do you agree with that statement as it's written in your textbook?	1 2	Page 157
	So do you agree with that statement as it's written in your textbook?		Page 157 BY MR. DEARING:
2	So do you agree with that statement as it's	2	Page 157 BY MR. DEARING: Q I'm not asking for a number, but it seems if you observed precursor lesions, that's something that
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40 (Pages 154 to 157)

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instances and I can't give you a percentage you	1 1	
	1	menstruation-induced salpingitis or by
will not see a STIC lesion and a similar-looking	2	the introduction of foreign material
high-grade serous carcinoma, which we believe is due to	3	through the vagina and uterine cavity
the fact that that STIC lesion has been overgrown by	4	plays an important role in ovarian
the carcinoma. That's all I can say.	5	carcinogenesis. Evidence of a
BY MR. DEARING:	6	pro-inflammatory microenvironment in
Q I should have started with that statement.	7	endometriosis supports this hypothesis
So in some cases where you don't see a	8	for type 1 tumors. High-grade serous
precursor lesion, do you do you still attribute	9	carcinomas are associated with chronic
precursor lesions to be the carcinogenesis of the	10	salpingitis in 53 percent of cases
tumor?	11	significantly more often than 23 percent
MS. AHERN: Objection. Form.	12	seen in nonserous tumors, lending
THE WITNESS: Well, based on that study that I	13	circumstantial support to this
mentioned to you a few minutes ago, that's what we're	14	hypothesis."
saying, yes.	15	So this hypothesis about inflammation, and
BY MR. DEARING:	16	particularly the part about introduction of foreign
Q Okay. Let's talk about something else.	17	material through the vagina and uterine cavity, is that
Do you believe that the introduction of	18	a plausible mechanism for inflammation?
foreign material through the vagina and uterine cavity	19	A Let me I can see it, but
can cause inflammation and play an important role in	20	Q The entire section.
ovarian carcinogenesis?	21	A Yeah, yeah. I just want to check this out.
MS. AHERN: Objection. Form.	22	I see these references.
THE WITNESS: Could you specifically tell me what	23	Q By the way, I'm not disagreeing with you
you're thinking about? What what are you referring	24	with that statement.
to?	25	A I notice the first reference is from Ness,
Page 159		
BY MR. DEARING:	1	who's written on this subject. And I don't say I
1 - 1	2	entirely agree with her. In fact, I don't.
	3	287 who has been an expert witness for
-	4	plaintiffs.
MR. DEARING: Let me find it.	5	287
MS. AHERN: Okay.	6	Q Did you believe her before she became an
MR. DEARING: Oh. I was looking right at it and	7	expert witness for plaintiffs?
	8	A No.
BY MR. DEARING:	9	287. Gee, you know, I'm not sure that that
Q Under your section entitled "Inflammation."	10	reference is correct. I'd have to read the article
MS. AHERN: Page, I'm sorry.	11	specifically because it's the title of the article
MR. DEARING: I'm sorry, page 682.	12	is "The Fallopian Tube: Primary Site of Most Pelvic
MS. AHERN: Thank you.	13	High-Grade Serous Carcinomas." It doesn't say anything
MR. DEARING: Chapter 14.	14	about retrograde menstruation, but anyway. So it would
Let me see if I can blow this up so we can all	15	be nice to see that reference.
see it.	16	And then, finally, evidence of type 1
BY MR. DEARING:	17	tumors. Let's see, 95. Okay.
Q It says under "Inflammation" and, again,	18	So your question, yes, that's stated. I said
we're in the chapter called "Serous Epithelial Tumors	19	that there's problems with the with the references.
of the Ovary." And specifically, we're talking about	20	Q Right. But the studies that pertain to that
etiology and risk factors.	21	topic that are referenced here, that is the proposition
"Inflammation: It has been	22	of those studies, right, that those three things,
	23	either the ovulation-induced surface damage or the
suggested that inflammation potentially	23	clarer the ovalation madeed surface damage of the
cited by ovulation-induced surface	24	retrograde menstruation or the introduction of foreign
	high-grade serous carcinoma, which we believe is due to the fact that that STIC lesion has been overgrown by the carcinoma. That's all I can say. BY MR. DEARING: Q I should have started with that statement. So in some cases where you don't see a precursor lesion, do you do you still attribute precursor lesions to be the carcinogenesis of the tumor? MS. AHERN: Objection. Form. THE WITNESS: Well, based on that study that I mentioned to you a few minutes ago, that's what we're saying, yes. BY MR. DEARING: Q Okay. Let's talk about something else. Do you believe that the introduction of foreign material through the vagina and uterine cavity can cause inflammation and play an important role in ovarian carcinogenesis? MS. AHERN: Objection. Form. THE WITNESS: Could you specifically tell me what you're thinking about? What what are you referring to? Page 159 BY MR. DEARING: Q Your textbook, Chapter 14, just past what we read previously. MS. AHERN: Okay. MR. DEARING: Let me find it. MS. AHERN: Okay. MR. DEARING: Oh. I was looking right at it and just didn't see it. BY MR. DEARING: Q Under your section entitled "Inflammation." MS. AHERN: Page, I'm sorry, MR. DEARING: I'm sorry, page 682. MS. AHERN: Thank you. MR. DEARING: Chapter 14. Let me see if I can blow this up so we can all see it. BY MR. DEARING: Q It says under "Inflammation" and, again, we're in the chapter called "Serous Epithelial Tumors of the Ovary." And specifically, we're talking about etiology and risk factors.	high-grade serous carcinoma, which we believe is due to the fact that that STIC lesion has been overgrown by the carcinoma. That's all I can say. BY MR. DEARING: Q I should have started with that statement. So in some cases where you don't see a precursor lesion, do you do you still attribute precursor lesions to be the carcinogenesis of the tumor? MS. AHERN: Objection. Form. THE WITNESS: Well, based on that study that I mentioned to you a few minutes ago, that's what we're saying, yes. BY MR. DEARING: Q Okay. Let's talk about something else. Do you believe that the introduction of foreign material through the vagina and uterine cavity can cause inflammation and play an important role in ovarian carcinogenesis? MS. AHERN: Objection. Form. THE WITNESS: Could you specifically tell me what you're thinking about? What what are you referring to? Page 159 BY MR. DEARING: Q Your textbook, Chapter 14, just past what we read previously. MS. AHERN: Okay. MR. DEARING: Let me find it. MS. AHERN: Okay. MR. DEARING: Oh. I was looking right at it and just didn't see it. BY MR. DEARING: Q Under your section entitled "Inflammation." MS. AHERN: Page, I'm sorry. MR. DEARING: has looking right at it and just didn't see it. BY MR. DEARING: has looking right at it and pust didn't see it. BY MR. DEARING: has looking right at it and your didn't see it. BY MR. DEARING: has sorry, page 682. MS. AHERN: Thank you. MR. DEARING: Chapter 14. Let me see if I can blow this up so we can all see it. BY MR. DEARING: Q It says under "Inflammation" and, again, we're in the chapter called "Serous Epithelial Tumors of the Ovary." And specifically, we're talking about etiology and risk factors.

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THE WITNESS: I'll have to say that it's in there. s quite speculative.		Q You didn't offer the any alternative
s quite speculative.	15	· ·
		suggestion in this short chapter on inflammation that
	16	suggests foreign materials cannot pass through the
Q All right. Did you believe that to be true in	17	vagina and uterine cavity; right?
11 when you published this book?	18	MS. AHERN: Objection. Form. That's a section on
A Well, you know, again, what was in there was	19	inflammation, not migration.
nat we felt at the time.	20	MR. DEARING: I'm sorry. I meant to say
Q By the way, the Ness study	21	"inflammation."
A Yeah.	22	THE WITNESS: Again, the inflammation is not the
Q that it cites	23	type that we see with talc.
A Yeah.	24	BY MR. DEARING:
Q is a talc study, isn't it?	25	Q Do you agree, over time, that chronic
Page 163		Page 165
A I'll have to read the article.	1	inflammation in gynecologic tissue can cause DNA damage
You would at least agree that the introduction	2	and maybe cancer?
foreign material through the vagina and uterine	3	MS. AHERN: Objection. Form.
vity was biologically plausible to you when you wrote	4	THE WITNESS: Could you be more specific and repeat
right, or you wouldn't put it in your textbook?	5	that question.
MS. AHERN: Objection. Form.	6	BY MR. DEARING:
ΓΗΕ WITNESS: Again, as I said, a textbook reflects	7	Q Do you believe that, over time, chronic
general consensus of what's out there.	8	inflammation in a particular part of gynecologic tissue
MR. DEARING:	9	can cause DNA damage and result in some type of
	10	gynecologic cancer?
Q Okay.	11	MS. AHERN: Objection. Form.
Q Okay. A It may not necessarily reflect my own personal	12	THE WITNESS: Well, when we when we talk about
		causation and initiation of cancer, it has to be viewed
A It may not necessarily reflect my own personal	13	at the earliest stage, at a nonlesion that, as a result
A It may not necessarily reflect my own personal nion about it because we have to be fair and	13 14	
A It may not necessarily reflect my own personal mion about it because we have to be fair and knowledge what's out there.		of, in this case, inflammation, undergoes neoplastic
A It may not necessarily reflect my own personal mion about it because we have to be fair and knowledge what's out there. Q So the general consensus out there is that the	14	of, in this case, inflammation, undergoes neoplastic change.
A It may not necessarily reflect my own personal mion about it because we have to be fair and knowledge what's out there. Q So the general consensus out there is that the reduction of foreign material through the vagina	14 15	
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A It may not necessarily reflect my own personal mion about it because we have to be fair and knowledge what's out there. Q So the general consensus out there is that the reduction of foreign material through the vagina A I didn't say the general consensus. I said Q You did. Those were your words.	14 15 16 17	change. You can see inflammation in well-formed tumors
A It may not necessarily reflect my own personal mion about it because we have to be fair and knowledge what's out there. Q So the general consensus out there is that the roduction of foreign material through the vagina A I didn't say the general consensus. I said Q You did. Those were your words. A Well, I misspoke.	14 15 16 17 18	change. You can see inflammation in well-formed tumors that can be associated with factors that cytokines or chemokines, whatever that participate in the
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A It may not necessarily reflect my own personal mion about it because we have to be fair and knowledge what's out there. Q So the general consensus out there is that the roduction of foreign material through the vagina A I didn't say the general consensus. I said Q You did. Those were your words. A Well, I misspoke. I said that there those studies are out re; people believe it, and that's what was reflected	14 15 16 17 18 19 20	change. You can see inflammation in well-formed tumors that can be associated with factors that cytokines or chemokines, whatever that participate in the progression of a tumor, but that's not initiation. That's not causation. And that's what we're really
A It may not necessarily reflect my own personal mion about it because we have to be fair and knowledge what's out there. Q So the general consensus out there is that the reduction of foreign material through the vagina A I didn't say the general consensus. I said Q You did. Those were your words. A Well, I misspoke. I said that there those studies are out re; people believe it, and that's what was reflected the textbook. Q There are also studies out there that	14 15 16 17 18 19 20 21	change. You can see inflammation in well-formed tumors that can be associated with factors that cytokines or chemokines, whatever that participate in the progression of a tumor, but that's not initiation. That's not causation. And that's what we're really talking about.
A It may not necessarily reflect my own personal mion about it because we have to be fair and knowledge what's out there. Q So the general consensus out there is that the roduction of foreign material through the vagina A I didn't say the general consensus. I said Q You did. Those were your words. A Well, I misspoke. I said that there those studies are out re; people believe it, and that's what was reflected the textbook.	14 15 16 17 18 19 20 21 22	change. You can see inflammation in well-formed tumors that can be associated with factors that cytokines or chemokines, whatever that participate in the progression of a tumor, but that's not initiation. That's not causation. And that's what we're really
A ini and Q roo A	So the general consensus out there is that the duction of foreign material through the vagina I didn't say the general consensus. I said	I didn't say the general consensus. I said 16

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	Page 166		Page 168
1	inflammation, organic chemicals, and nonasbestos	1	nonasbestos mineral fibers may be an etiologic agent of
2	mineral fibers may be etiologic agents in some cases?	2	some peritoneal malignancies?
3	MS. AHERN: Objection. Form.	3	THE WITNESS: What
4	THE WITNESS: Are you reading this from someplace?	4	MS. AHERN: Objection. Form.
5	BY MR. DEARING:	5	THE WITNESS: I'm sorry.
6	Q I'm reading it right off my outline	6	MS. AHERN: Go ahead.
7	regarding	7	THE WITNESS: What peritoneal malignancies are you
8	A Yeah. But does your outline come from	8	talking about?
9	something?	9	BY MR. DEARING:
10	Q It comes from several places, but let me ask	10	Q Any peritoneal malignancies. Think of any
11	you the question again if you didn't get it.	11	kind you want.
12	I'm referring to peritoneal malignancies.	12	A The only peritoneal malignancy is malignant
13	Okay. Aside from asbestos, radiation, chronic	13	mesothelioma. That's the only one there is.
14	inflammation, organic chemicals, and nonasbestos	14	Q Well, maybe I'm coming at this the wrong way.
15	mineral fibers may be etiologic agents in some cases.	15	How do you define the phrase "etiologic
16	MS. AHERN: Objection. Form.	16	agent"?
17	BY MR. DEARING:	17	MS. AHERN: Objection. Form.
18	Q Do you agree with that?	18	THE WITNESS: How do you define it?
19	A I'd like to see where you're quoting that	19	BY MR. DEARING:
20	from.	20	Q Well, let's find out.
21	Q Do you agree with that statement or not?	21	I'm looking at Chapter 13 of your book, which
22	A I want to see what you're quoting. I'm not	22	is written by Dr. Julie Irving and Dr. Philip Clement.
23	going to just make a comment.	23	Did you edit this chapter?
24	Q You don't have an opinion about it?	24	A Well, I edited the textbook.
25	MS. AHERN: Check the prompter because I think that	25	Q Did you edit this chapter?
	Page 167		Page 169
1	your sentence is incomplete, which is what's confusing	1	A I may you know, there was three of us, as I
2	him and me.	2	mentioned. I'm not sure if I edited that chapter or
3	Can you go back up.	3	one of my other co-editors edited it.
4	MR. DEARING: I can ask the question again.	4	Q In this chapter, under the subheading
5	MS. AHERN: Go back up and take a look at it in	5	"Malignant Mesothelioma" is described "clinical
6	writing. It might help.	6	features." And in the third paragraph of that section,
7	MR. DEARING: Okay. Let me ask this question	7	starting with "More than 80 percent," that's referring
8	again.	8	to a study. Halfway through that paragraph, it says:
_	DVAD DEADDIC		
9	BY MR. DEARING:	9	"Asbestos fibers, however, have
10	Q I think I asked it right the first time, so	9 10	"Asbestos fibers, however, have been identified with special techniques
10	Q I think I asked it right the first time, so	10	been identified with special techniques
10 11	Q I think I asked it right the first time, so I'm going to say it slowly.	10 11	been identified with special techniques in some of these women." And they're talking about the malignant mesothelioma patients.
10 11 12	Q I think I asked it right the first time, so I'm going to say it slowly. With regard to peritoneal malignancies	10 11 12	been identified with special techniques in some of these women." And they're talking about the malignant
10 11 12 13	Q I think I asked it right the first time, so I'm going to say it slowly. With regard to peritoneal malignancies okay? Talking about peritoneal malignancies. Aside from asbestos well, do you believe asbestos can cause peritoneal malignancies?	10 11 12 13	been identified with special techniques in some of these women." And they're talking about the malignant mesothelioma patients. "Aside from asbestos, radiation, chronic inflammation, organic chemicals
10 11 12 13 14	Q I think I asked it right the first time, so I'm going to say it slowly. With regard to peritoneal malignancies okay? Talking about peritoneal malignancies. Aside from asbestos well, do you believe asbestos can cause peritoneal malignancies? MS. AHERN: Objection. Form.	10 11 12 13 14 15 16	been identified with special techniques in some of these women." And they're talking about the malignant mesothelioma patients. "Aside from asbestos, radiation, chronic inflammation, organic chemicals and nonasbestos mineral fibers may be
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10 11 12 13 14 15 16 17	Q I think I asked it right the first time, so I'm going to say it slowly. With regard to peritoneal malignancies okay? Talking about peritoneal malignancies. Aside from asbestos well, do you believe asbestos can cause peritoneal malignancies? MS. AHERN: Objection. Form. Type? THE WITNESS: That's controversial. It's not	10 11 12 13 14 15 16 17	been identified with special techniques in some of these women." And they're talking about the malignant mesothelioma patients. "Aside from asbestos, radiation, chronic inflammation, organic chemicals and nonasbestos mineral fibers may be etiologic agents in some cases." So in that sentence, what do they mean by
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10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Q I think I asked it right the first time, so I'm going to say it slowly. With regard to peritoneal malignancies okay? Talking about peritoneal malignancies. Aside from asbestos well, do you believe asbestos can cause peritoneal malignancies? MS. AHERN: Objection. Form. Type? THE WITNESS: That's controversial. It's not clear. BY MR. DEARING: Q Do you have an opinion either way whether A I'm not it may or may not. I don't think that the data is sufficiently robust to make a comment like that a definitive comment like that.	10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	been identified with special techniques in some of these women." And they're talking about the malignant mesothelioma patients. "Aside from asbestos, radiation, chronic inflammation, organic chemicals and nonasbestos mineral fibers may be etiologic agents in some cases." So in that sentence, what do they mean by "etiologic agents"? A Good question. I'm not sure what they mean. I mean, do they mean they're just present there or do they cause it? Not clear to me. Q If you were to use the term "etiologic agent," what would it mean to you?
10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q I think I asked it right the first time, so I'm going to say it slowly. With regard to peritoneal malignancies okay? Talking about peritoneal malignancies. Aside from asbestos well, do you believe asbestos can cause peritoneal malignancies? MS. AHERN: Objection. Form. Type? THE WITNESS: That's controversial. It's not clear. BY MR. DEARING: Q Do you have an opinion either way whether A I'm not it may or may not. I don't think that the data is sufficiently robust to make a comment	10 11 12 13 14 15 16 17 18 19 20 21 22 23	been identified with special techniques in some of these women." And they're talking about the malignant mesothelioma patients. "Aside from asbestos, radiation, chronic inflammation, organic chemicals and nonasbestos mineral fibers may be etiologic agents in some cases." So in that sentence, what do they mean by "etiologic agents"? A Good question. I'm not sure what they mean. I mean, do they mean they're just present there or do they cause it? Not clear to me. Q If you were to use the term "etiologic agent,"

43 (Pages 166 to 169)

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	Page 170		Page 172
1	in that context. I don't use it. It's not something I	1	etiology means to you.
2	use.	2	Do you agree with that definition?
3	Q Would you consider asbestos to be an etiologic	3	A That definition just said that. It says
4	agent of mesothelioma?	4	"causing or contributing."
5	A In some instances, it might be, yes. But in	5	Q Okay. So let's substitute that word in this
6	some instances it's not been demonstrated. It's been	6	phrase.
7	much more clearly demonstrated in the pleura than it	7	Aside from asbestos, with regard to malignant
8	has been in the peritoneum.	8	mesotheliomas, do you think that nonasbestos mineral
9	Q Would you agree that the HPV virus is a	9	fibers may cause or contribute to cause malignant
10	etiologic agent of gynecologic cancers of some	10	mesotheliomas in some cases?
11	gynecologic cancers?	11	MS. AHERN: Objection. Form.
12	MS. AHERN: Objection. Form.	12	THE WITNESS: Interesting they don't reference that
13	THE WITNESS: Of cervical cancers and vulvar and	13	point.
14	vaginal cancers, it is the causative agent.	14	BY MR. DEARING:
15	BY MR. DEARING:	15	Q I'm reading it.
16	Q So when a scientist or pathologist like	16	A Yeah, I know. I'm saying it's interesting
17	yourself uses the term "etiology," you're essentially	17	that that point wasn't referenced with a citation.
18	talking about a causative agent, aren't you?	18	Q Oh, I got you. Okay.
19	MS. AHERN: Objection. Form.	19	Well, it's clearly the opinion of the two
20	THE WITNESS: Well, as I just said a moment ago,	20	authors of this chapter; right?
21	some may refer to it in that way. I don't necessarily.	21	A The two authors, yes.
22	BY MR. DEARING:	22	Q And this is a chapter you edited; right?
23	Q Would you how would you use the term	23	MS. AHERN: Objection. Form.
24	"etiology"? What does it mean to you?	24	THE WITNESS: Like I said, I'm not sure that I
25	A Why don't we just look it up, and we can all	25	edited it.
1	Page 171 decide agree on it?	1	Page 173 BY MR. DEARING:
2	Q Okay. I don't want to impose a definition on	2	Q Okay. I'm sorry. I missed that.
3	you.	3	So when you talk about cause or contributing
4	A Okay.	4	to cause, what's the distinction between those two
5	Q But according to Google	5	ideas, in your mind?
6	A Google, huh? That's definitive.	6	MS. AHERN: Objection. Form.
7	MR. ROTMAN: According to the dictionary	7	THE WITNESS: "Causation," to me, means that it's
8	BY MR. DEARING:		
0	DI MIK, DEAKING.	8	
9	Q Well, let me ask you if you agree with this	8 9	an initiating factor in setting the process off.
9	Q Well, let me ask you if you agree with this	9	an initiating factor in setting the process off. "Contributing," to me, means that possibly the process
9 10	Q Well, let me ask you if you agree with this definition.	9	an initiating factor in setting the process off. "Contributing," to me, means that possibly the process is in place and it contributes to its further
9 10 11	Q Well, let me ask you if you agree with this definition. Is the medical definition of etiological	9 10 11	an initiating factor in setting the process off. "Contributing," to me, means that possibly the process is in place and it contributes to its further progression.
9 10 11 12	Q Well, let me ask you if you agree with this definition. Is the medical definition of etiological and it says, "causing or contributing to the	9 10 11 12	an initiating factor in setting the process off. "Contributing," to me, means that possibly the process is in place and it contributes to its further progression. BY MR. DEARING:
9 10 11 12 13	Q Well, let me ask you if you agree with this definition. Is the medical definition of etiological and it says, "causing or contributing to the development of a disease or condition." That's what it	9 10 11 12 13	an initiating factor in setting the process off. "Contributing," to me, means that possibly the process is in place and it contributes to its further progression. BY MR. DEARING: Q So contributing to cause, in your mind, is
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44 (Pages 170 to 173)

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Robert Kurman, M.D.

	Page 174		Page 176
1	THE WITNESS: Can I see that book again, please. I	1	MS. AHERN: Objection. Form.
2	still can't read that.	2	THE WITNESS: Well, I think you've got it twisted
3	BY MR. DEARING:	3	around anyway.
4	Q I'm not talking about that section now, but	4	BY MR. DEARING:
5	A Oh, you're not?	5	Q Okay. Well, correct me.
6	Q No. I'm just generally wanting to get your	6	A It starts with initiation, and proliferation
7	opinion on	7	may be the next step. And then another step may, after
8	A Oh, I see.	8	that, be promotion and then progression.
9	Q "causing" or "contributing to cause."	9	Q So when you use the term "cause" or
10	A Oh, I thought you were referring to that	10	"contribute to cause," are you referring to the
11	sentence. Oh, so we're not?	11	initiation phase of that process or the promotion phase
12	Q No. That sentence uses the word "etiologic	12	or both?
13	agent."	13	MS. AHERN: Objection. Form. He's never said that
14	A Uh-huh.	14	he uses those terms.
15	MS. AHERN: Whatever you meant by that.	15	THE WITNESS: I don't use "contributing to cause"
16	BY MR. DEARING:	16	how you understand it. I'm just saying "causation."
17	Q So in your mind, is there any distinction	17	That, to me, is initiation, period.
18	between contributing to cause something and causing	18	BY MR. DEARING:
19	something?	19	Q If gynecologic cancers are multifactorial and
20	MS. AHERN: Objection. Form. Asked and answered	20	they may have more than one cause, do you agree that
21	very clearly just two minutes ago.	21	there may be more than one thing contributing to cause
22	THE WITNESS: Causation is one issue. Contributing	22	them?
23	is another. They're not the same.	23	MS. AHERN: Objection. Form.
24	BY MR. DEARING:	24	THE WITNESS: There may be multiple causes for a
25	Q I don't mean contributing. I mean	25	neoplasm to begin, to get an issue, maybe multiple
-1			
1	contributing to cause Okay? You're only giving me	1	causes
1 2	contributing to cause. Okay? You're only giving me half of the phrase.	1 2	causes. BY MR. DEARING:
2	half of the phrase.	2	BY MR. DEARING:
2	half of the phrase. MS. AHERN: Objection.	2 3	BY MR. DEARING: Q So for the last time, breaking down that
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	half of the phrase. MS. AHERN: Objection. BY MR. DEARING: Q Is there a distinction between contributing to a disease and I'm sorry. Is there a distinction between contributing to cause a disease and causing a disease? Is there any distinction there? A To me, yes. MS. AHERN: Objection. Form. THE WITNESS: To me, causation is much stronger. Contributing may be involved; may not be. It's much more wishy-washy. BY MR. DEARING: Q Do you agree that almost all gynecologic cancers are multifactorial in that they may have more than one cause? A Yes, that's probably true. Q Do you believe in the cancer progression model of initiation, promotion, proliferation? MS. AHERN: Objection. Form.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	BY MR. DEARING: Q So for the last time, breaking down that sentence again, coming back full circle now, do you agree that asbestos can be an etiologic agent of some cancers MS. AHERN: Objection. Form. BY MR. DEARING: Q of some mesotheliomas? MS. AHERN: Objection. Form. THE WITNESS: Yes, it may be. BY MR. DEARING: Q And do you believe chronic inflammation can be a cause of malignant mesotheliomas? MS. AHERN: Objection. Form. THE WITNESS: Again, I'd like to see the data for that. BY MR. DEARING: Q So you have no opinion on that without looking at a A Yeah, I don't I don't agree with that. Q Okay. And do you believe that nonasbestos
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	half of the phrase. MS. AHERN: Objection. BY MR. DEARING: Q Is there a distinction between contributing to a disease and I'm sorry. Is there a distinction between contributing to cause a disease and causing a disease? Is there any distinction there? A To me, yes. MS. AHERN: Objection. Form. THE WITNESS: To me, causation is much stronger. Contributing may be involved; may not be. It's much more wishy-washy. BY MR. DEARING: Q Do you agree that almost all gynecologic cancers are multifactorial in that they may have more than one cause? A Yes, that's probably true. Q Do you believe in the cancer progression model of initiation, promotion, proliferation? MS. AHERN: Objection. Form. BY MR. DEARING:	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	BY MR. DEARING: Q So for the last time, breaking down that sentence again, coming back full circle now, do you agree that asbestos can be an etiologic agent of some cancers MS. AHERN: Objection. Form. BY MR. DEARING: Q of some mesotheliomas? MS. AHERN: Objection. Form. THE WITNESS: Yes, it may be. BY MR. DEARING: Q And do you believe chronic inflammation can be a cause of malignant mesotheliomas? MS. AHERN: Objection. Form. THE WITNESS: Again, I'd like to see the data for that. BY MR. DEARING: Q So you have no opinion on that without looking at a A Yeah, I don't I don't agree with that. Q Okay. And do you believe that nonasbestos mineral fibers can be a etiologic agent or cause of
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	half of the phrase. MS. AHERN: Objection. BY MR. DEARING: Q Is there a distinction between contributing to a disease and I'm sorry. Is there a distinction between contributing to cause a disease and causing a disease? Is there any distinction there? A To me, yes. MS. AHERN: Objection. Form. THE WITNESS: To me, causation is much stronger. Contributing may be involved; may not be. It's much more wishy-washy. BY MR. DEARING: Q Do you agree that almost all gynecologic cancers are multifactorial in that they may have more than one cause? A Yes, that's probably true. Q Do you believe in the cancer progression model of initiation, promotion, proliferation? MS. AHERN: Objection. Form.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	BY MR. DEARING: Q So for the last time, breaking down that sentence again, coming back full circle now, do you agree that asbestos can be an etiologic agent of some cancers MS. AHERN: Objection. Form. BY MR. DEARING: Q of some mesotheliomas? MS. AHERN: Objection. Form. THE WITNESS: Yes, it may be. BY MR. DEARING: Q And do you believe chronic inflammation can be a cause of malignant mesotheliomas? MS. AHERN: Objection. Form. THE WITNESS: Again, I'd like to see the data for that. BY MR. DEARING: Q So you have no opinion on that without looking at a A Yeah, I don't I don't agree with that. Q Okay. And do you believe that nonasbestos

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	Page 178		Page 180
1	THE WITNESS: Same thing, I don't I'd like to	1	don't know.
2	see the data that they're alluding to.	2	Q Would you expect the stromal tissue to react
3	BY MR. DEARING:	3	the same way the epithelial tissue would react in
4	Q Well, you would at least agree with me that	4	humans?
5	the two authors of that chapter believe that, wouldn't	5	A Well, they're different. So I don't know how
6	you?	6	it would react.
7	MS. AHERN: Objection. Form.	7	Q If talc can cause p53 mutations in tubal
8	THE WITNESS: The two authors appear to believe	8	cells, would you expect that it could also cause
9	that.	9	cancer?
10	MR. DEARING: Mind if we take a break?	10	MS. AHERN: Objection. Form.
11	MS. AHERN: Sure.	11	THE WITNESS: Are you speculating that, or has
12	VIDEO OPERATOR BROWN: Time is now 2:15. Going off	12	it I haven't seen data to that effect.
13	the record.	13	BY MR. DEARING:
14	(Recess taken.)	14	Q Right. I'm asking I'm asking
15	VIDEO OPERATOR BROWN: The time is now 2:34. Back	15	hypothetically right now. If talc could evoke a p53
16	on the record.	16	mutation in tubal cells, do you think that talc could
17	BY MR. DEARING:	17	cause cancer in tubal cells?
18	Q Doctor, you said earlier that you expect that	18	A Not necessarily.
19	talc exposure would elicit a foreign-body giant cell	19	Q Same with ovarian cells?
20	granulomatous response within the body; right?	20	MS. AHERN: Objection. Form.
21	A That's correct.	21	BY MR. DEARING:
22	Q Would asbestos fibers invoke that same type of	22	Q If talc could evoke a p53 mutation in ovarian
23	response?	23	cells, do you think it could cause cancer?
24	A I really am not an expert on asbestos	24	MS. AHERN: Objection. Form.
25	asbestosis, but I'm not aware of it doing foreign	25	THE WITNESS: Not necessarily.
23	assessors, but I in not aware of it doing to eigh		THE WITNESS. Not necessarily.
	Page 179		Page 181
1	body I really best thing not to get into that	1	BY MR. DEARING:
2	because it's not something I deal with.	2	Q You answered both of those questions with "not
3	Q Have you ever looked at pulmonary tissue of	3	necessarily."
4	someone suffering from mesothelioma?	4	A Correct.
5	A No, I haven't.	5	Q Does that mean you don't know, or does that
6	Q So you've never observed asbestos in tissue at	6	mean you don't think so, or it could?
7	all?	7	MS. AHERN: Objection. Form.
8	A That's right.	8	THE WITNESS: Well
9	Q Well, can you think of any reason why asbestos	9	BY MR. DEARING:
10	wouldn't evoke the same kind of foreign-body reaction	10	Q Let me ask the question again.
11	that talc would?	11	A P53 signatures have p53 mutations. They don't
12	MS. AHERN: Objection. Form.	12	all go to STIC. STIC has p53 mutations. They don't
1 2	THE WITNESS: Different agents do different things.	13	all go on to invasive cancers. Just having a p53
13		1	
13	BY MR. DEARING:	14	mutation doesn't mean it's inevitably going to become
		14 15	cancer.
14	BY MR. DEARING:		cancer.
14 15	BY MR. DEARING: Q Do you think that stroma contributes to the	15	
14 15 16	BY MR. DEARING: Q Do you think that stroma contributes to the development of ovarian cancer or tubal cancers?	15 16	cancer. Q Right. I'm not saying it necessary would become cancer, but if talc can evoke a p53 response in
14 15 16 17	BY MR. DEARING: Q Do you think that stroma contributes to the development of ovarian cancer or tubal cancers? MS. AHERN: Objection. Form. BY MR. DEARING:	15 16 17	cancer. Q Right. I'm not saying it necessary would
14 15 16 17 18	BY MR. DEARING: Q Do you think that stroma contributes to the development of ovarian cancer or tubal cancers? MS. AHERN: Objection. Form. BY MR. DEARING: Q Or STIC?	15 16 17 18	cancer. Q Right. I'm not saying it necessary would become cancer, but if talc can evoke a p53 response in tubal cells or ovarian cells, would that be evidence to you that talc could cause cancer?
14 15 16 17 18 19	BY MR. DEARING: Q Do you think that stroma contributes to the development of ovarian cancer or tubal cancers? MS. AHERN: Objection. Form. BY MR. DEARING: Q Or STIC? A It might.	15 16 17 18 19	cancer. Q Right. I'm not saying it necessary would become cancer, but if talc can evoke a p53 response in tubal cells or ovarian cells, would that be evidence to
14 15 16 17 18 19 20	BY MR. DEARING: Q Do you think that stroma contributes to the development of ovarian cancer or tubal cancers? MS. AHERN: Objection. Form. BY MR. DEARING: Q Or STIC? A It might. Q How might the stroma contribute to the	15 16 17 18 19 20	cancer. Q Right. I'm not saying it necessary would become cancer, but if talc can evoke a p53 response in tubal cells or ovarian cells, would that be evidence to you that talc could cause cancer? MS. AHERN: Objection. Form.
14 15 16 17 18 19 20 21	BY MR. DEARING: Q Do you think that stroma contributes to the development of ovarian cancer or tubal cancers? MS. AHERN: Objection. Form. BY MR. DEARING: Q Or STIC? A It might. Q How might the stroma contribute to the development of tubal cancer or ovarian cancer?	15 16 17 18 19 20 21	cancer. Q Right. I'm not saying it necessary would become cancer, but if talc can evoke a p53 response in tubal cells or ovarian cells, would that be evidence to you that talc could cause cancer? MS. AHERN: Objection. Form. THE WITNESS: No. BY MR. DEARING:
14 15 16 17 18 19 20 21 22	BY MR. DEARING: Q Do you think that stroma contributes to the development of ovarian cancer or tubal cancers? MS. AHERN: Objection. Form. BY MR. DEARING: Q Or STIC? A It might. Q How might the stroma contribute to the development of tubal cancer or ovarian cancer? A Well, in many cancers, there's an interaction	15 16 17 18 19 20 21 22	cancer. Q Right. I'm not saying it necessary would become cancer, but if talc can evoke a p53 response in tubal cells or ovarian cells, would that be evidence to you that talc could cause cancer? MS. AHERN: Objection. Form. THE WITNESS: No. BY MR. DEARING: Q Do you agree that one example of inflammation
14 15 16 17 18 19 20 21 22 23	BY MR. DEARING: Q Do you think that stroma contributes to the development of ovarian cancer or tubal cancers? MS. AHERN: Objection. Form. BY MR. DEARING: Q Or STIC? A It might. Q How might the stroma contribute to the development of tubal cancer or ovarian cancer?	15 16 17 18 19 20 21 22 23	cancer. Q Right. I'm not saying it necessary would become cancer, but if talc can evoke a p53 response in tubal cells or ovarian cells, would that be evidence to you that talc could cause cancer? MS. AHERN: Objection. Form. THE WITNESS: No. BY MR. DEARING:

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	Page 182		Page 184
1	THE WITNESS: Well, macrophages in tissue become	1	BY MR. DEARING:
2	histiocytes, and that's part of a foreign-body giant	2	Q In your textbook in Chapter 12, written by
3	cell granuloma.	3	Dr. Irving and Dr. Clement, entitled "Nonneoplastic
4	BY MR. DEARING:	4	Lesions of the Ovary," the subtitle "foreign-body
5	Q A minute ago, when I asked you about talc	5	Granulomas," the statement is:
6	eliciting a p53 response and I asked you whether you	6	"A variety of foreign materials may
7	thought that would be evidence that talc could cause	7	evoke a granulomatous reaction on the
8	cancer in those cells, why did you say no?	8	ovarian and extraovarian peritoneal
9	MS. AHERN: Objection. Form.	9	surfaces, potentially mimicking
10	THE WITNESS: Because, as I said, having a p53	10	malignant tumor at operation."
11	mutation, in and of itself, does not inevitably mean a	11	So the authors here are a bit equivocal about
12	tissue is going to become malignant.	12	whether foreign materials will evoke a granulomatous
13	BY MR. DEARING:	13	reaction; right? They're saying they use the word
14	Q Is it suggestive that a tissue might become	14	"may" because it doesn't always happen; right?
15	malignant?	15	MS. AHERN: Objection. Form.
16	MS. AHERN: Objection. Form.	16	THE WITNESS: "Variety of foreign materials may
17	THE WITNESS: Not necessarily.	17	evoke granulomatous reaction on" "may."
18	BY MR. DEARING:	18	BY MR. DEARING:
19	Q What does that mean, "not necessarily"?	19	Q Right.
20	A As I said, you can have a p53 mutation and	20	A That's suggestive, but not definitive at all.
21	have a perfectly benign lesion.	21	Q So is it fair to say that sometimes they do
22	Q You said a while ago that one reason you don't	22	and sometimes they don't evoke a granulomatous
23	believe talc causes ovarian cancer is because you	23	reaction?
24	haven't seen talc elicit a foreign-body granulomatous	24	
25	reaction in gynecologic tissue. Right? Isn't that	25	MS. AHERN: Objection. Form. THE WITNESS: I don't even think they say that.
23	reaction in gynecologic tissue. Right: Isirt that	23	THE WITNESS. I don't even unink mey say mat.
	Page 183		Page 185
1	correct?	1	They just say it might.
2	A No, that's not the reason I don't think it	2	BY MR. DEARING:
3	causes cancer.	3	Q Is it equally true that it might not?
4	Q Tell me why you think talc doesn't cause	4	MS. AHERN: Objection. Form.
5	can't cause cancer.	5	THE WITNESS: Well, may not.
6	A Because there's been absolutely no evidence in	6	BY MR. DEARING:
7	the literature that it does.	7	Q Do you agree that whether the body reacts to a
8	Q Would you agree with me that foreign materials	8	foreign particle by macrophage or granuloma depends in
9	don't always evoke granulomatous reactions in ovarian	9	part on the body's interpretation of that particle and
10	tissue?	10	its size?
11	MS. AHERN: Objection. Form.	11	MS. AHERN: Objection. Form.
12	BY MR. DEARING:	12	THE WITNESS: I don't know anything about the size
13	Q Or extraperitoneal tissue?	13	business. Size.
14	MS. AHERN: Objection. Form.	14	BY MR. DEARING:
15	THE WITNESS: I haven't evaluated other foreign	15	Q So you are saying that the size of a foreign
16	bodies or agents.	16	material is not in no way influences whether the
17	BY MR. DEARING:	17	body tries to sequester that particle with macrophages
		18	versus giant cell granulomas?
	Q So are you agreeing or disagreeing or do you	19	MS. AHERN: Object to the form.
18	not know that foreign materials don't always evoke	20	
19	111		THE WITNESS: It may. I mean, different sizes of talc may have may induce the same thing. I'm not
19 20	granulomatous reaction on ovarian and extraovarian	1 7) 1	iaic may have may induce the same thing. I'm not
19 20 21	peritoneal services?	21	
19 20 21 22	peritoneal services? MS. AHERN: Objection. Form. Asked and answered.	22	sure the size is that relevant.
19 20 21 22 23	peritoneal services? MS. AHERN: Objection. Form. Asked and answered. THE WITNESS: I'd like to see the data, and then I	22 23	sure the size is that relevant. BY MR. DEARING:
19 20 21 22	peritoneal services? MS. AHERN: Objection. Form. Asked and answered.	22	sure the size is that relevant.

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	Page 186		Page 188
1	response, would you?	1	BY MR. DEARING:
2	MS. AHERN: Objection. Form.	2	Q Why do you think he knows nothing about
3	BY MR. DEARING:	3	gynecologic pathology if you haven't read his stuff?
4	Q Because the macrophage handles it?	4	A Because he's a pulmonary pathologist.
5	MS. AHERN: Same objections.	5	Pulmonary pathologists don't look at gynecologic
6	THE WITNESS: Well, generally speaking, from what	6	specimens.
7	I've read about it, these particles are too large for a	7	Q Well, he's also a general pathologist, a
8	single macrophage to envelope it, which results in	8	surgical pathologist, and he has been a well
9	another macrophage coming along with it and membranes	9	A Well, I'm not impugning his I'm just saying
10	fuse and they engulf the particle.	10	he's not a gynecologic pathologist. Let's put it that
11	BY MR. DEARING:	11	way.
12	Q Are you referring to talc particles?	12	Q Okay. Are you aware that the publications
13	A Yes.	13	he's authored state that the talc particles he
14	Q What's your basis for concluding that	14	typically finds in ovarian tissue, in pelvic lymph
15	macrophages cannot engulf a talc particle?	15	nodes is in the 5-micron range, maybe 1 to 10 microns,
16	MS. AHERN: Objection. Form.	16	but average around 5 microns?
17	THE WITNESS: It's been I believe it's been	17	MS. AHERN: Objection. Form. Are you talking
18	stated shown in the literature that the particle	18	about publications or litigation reports?
19	might be too large. It's going it's going to elicit	19	MR. DEARING: Publications.
20	histocytic reaction for sure.	20	THE WITNESS: I don't remember reading about the
21	BY MR. DEARING:	21	size of the particles.
22	Q Well, do you agree with me that macrophages	22	BY MR. DEARING:
23	may respond to very small particles whereas granulomas	23	Q If a talc particle found its way into ovarian
24	may respond to larger particles or larger clusters of	24	tissue and it was about 5 to 10 microns in size, you
25	particles?	25	would expect that to be handled by a macrophage,
	·		
	Page 187		Page 189
1	MS. AHERN: Objection.	1	wouldn't you, not a giant cell?
2	THE WITNESS: I haven't seen data that divides it	2	MS. AHERN: Objection. Form.
3	up that way.	3	THE WITNESS: You're stating a big "if," namely
4	BY MR. DEARING:	4	that it gets into ovarian tissue, which I think is
5	Q You remember who Dr. John Godleski is, don't	5	BY MR. DEARING:
6	you?	6	Q I'm going to show you pictures of it in
7	A I know the name. I know he's involved in this	7	ovarian tissue in just a minute.
8	litigation.	8	A I don't care if you show pictures of it. I
9	Q Right. He testified in the same trial you	9	don't think it means it's even there. Biologically, it
10	did.	1 10	
		10	can be a complete contaminant.
11	A Hmm.	11	Q So are you saying there's no possible way talc
	A Hmm.Q And he is a pathologist and a microscopist at		Q So are you saying there's no possible way talc can get into any ovarian tissue?
11	A Hmm. Q And he is a pathologist and a microscopist at Harvard. Well, he's retired, but he spent his career	11	Q So are you saying there's no possible way talc can get into any ovarian tissue? A Well, it's been described. Let's put it that
11 12	A Hmm. Q And he is a pathologist and a microscopist at Harvard. Well, he's retired, but he spent his career at Harvard.	11 12	Q So are you saying there's no possible way talc can get into any ovarian tissue? A Well, it's been described. Let's put it that way. It has been described.
11 12 13	A Hmm. Q And he is a pathologist and a microscopist at Harvard. Well, he's retired, but he spent his career	11 12 13	Q So are you saying there's no possible way talc can get into any ovarian tissue? A Well, it's been described. Let's put it that way. It has been described. Q What does that mean, "it's been described"?
11 12 13 14	A Hmm. Q And he is a pathologist and a microscopist at Harvard. Well, he's retired, but he spent his career at Harvard. Have you read any of his publications? A No.	11 12 13 14	Q So are you saying there's no possible way talc can get into any ovarian tissue? A Well, it's been described. Let's put it that way. It has been described. Q What does that mean, "it's been described"? I've been describing it all day.
11 12 13 14 15	A Hmm. Q And he is a pathologist and a microscopist at Harvard. Well, he's retired, but he spent his career at Harvard. Have you read any of his publications? A No. Q Have you read any of his opinions about talc	11 12 13 14 15	Q So are you saying there's no possible way talc can get into any ovarian tissue? A Well, it's been described. Let's put it that way. It has been described. Q What does that mean, "it's been described"? I've been describing it all day. A It's been described that talc is present in
11 12 13 14 15	A Hmm. Q And he is a pathologist and a microscopist at Harvard. Well, he's retired, but he spent his career at Harvard. Have you read any of his publications? A No. Q Have you read any of his opinions about talc in tissue, particularly in the size of particles he	11 12 13 14 15 16	Q So are you saying there's no possible way talc can get into any ovarian tissue? A Well, it's been described. Let's put it that way. It has been described. Q What does that mean, "it's been described"? I've been describing it all day. A It's been described that talc is present in ovarian tissue in users or nonusers, as I remember from
11 12 13 14 15 16	A Hmm. Q And he is a pathologist and a microscopist at Harvard. Well, he's retired, but he spent his career at Harvard. Have you read any of his publications? A No. Q Have you read any of his opinions about talc in tissue, particularly in the size of particles he typically finds in tissue?	11 12 13 14 15 16 17 18 19	Q So are you saying there's no possible way talc can get into any ovarian tissue? A Well, it's been described. Let's put it that way. It has been described. Q What does that mean, "it's been described"? I've been describing it all day. A It's been described that talc is present in ovarian tissue in users or nonusers, as I remember from the Heller article.
11 12 13 14 15 16 17	A Hmm. Q And he is a pathologist and a microscopist at Harvard. Well, he's retired, but he spent his career at Harvard. Have you read any of his publications? A No. Q Have you read any of his opinions about talc in tissue, particularly in the size of particles he typically finds in tissue? MS. AHERN: Objection. Form.	11 12 13 14 15 16 17 18	Q So are you saying there's no possible way talc can get into any ovarian tissue? A Well, it's been described. Let's put it that way. It has been described. Q What does that mean, "it's been described"? I've been describing it all day. A It's been described that talc is present in ovarian tissue in users or nonusers, as I remember from the Heller article. Q We can talk about Heller if you like, but the
11 12 13 14 15 16 17 18	A Hmm. Q And he is a pathologist and a microscopist at Harvard. Well, he's retired, but he spent his career at Harvard. Have you read any of his publications? A No. Q Have you read any of his opinions about talc in tissue, particularly in the size of particles he typically finds in tissue?	11 12 13 14 15 16 17 18 19	Q So are you saying there's no possible way talc can get into any ovarian tissue? A Well, it's been described. Let's put it that way. It has been described. Q What does that mean, "it's been described"? I've been describing it all day. A It's been described that talc is present in ovarian tissue in users or nonusers, as I remember from the Heller article.
11 12 13 14 15 16 17 18 19 20	A Hmm. Q And he is a pathologist and a microscopist at Harvard. Well, he's retired, but he spent his career at Harvard. Have you read any of his publications? A No. Q Have you read any of his opinions about talc in tissue, particularly in the size of particles he typically finds in tissue? MS. AHERN: Objection. Form.	11 12 13 14 15 16 17 18 19 20	Q So are you saying there's no possible way talc can get into any ovarian tissue? A Well, it's been described. Let's put it that way. It has been described. Q What does that mean, "it's been described"? I've been describing it all day. A It's been described that talc is present in ovarian tissue in users or nonusers, as I remember from the Heller article. Q We can talk about Heller if you like, but the
11 12 13 14 15 16 17 18 19 20 21	A Hmm. Q And he is a pathologist and a microscopist at Harvard. Well, he's retired, but he spent his career at Harvard. Have you read any of his publications? A No. Q Have you read any of his opinions about talc in tissue, particularly in the size of particles he typically finds in tissue? MS. AHERN: Objection. Form. THE WITNESS: He's a pulmonary pathologist, as I	11 12 13 14 15 16 17 18 19 20 21	Q So are you saying there's no possible way talc can get into any ovarian tissue? A Well, it's been described. Let's put it that way. It has been described. Q What does that mean, "it's been described"? I've been describing it all day. A It's been described that talc is present in ovarian tissue in users or nonusers, as I remember from the Heller article. Q We can talk about Heller if you like, but the fact of the matter is if a talc particle gets to
11 12 13 14 15 16 17 18 19 20 21	A Hmm. Q And he is a pathologist and a microscopist at Harvard. Well, he's retired, but he spent his career at Harvard. Have you read any of his publications? A No. Q Have you read any of his opinions about talc in tissue, particularly in the size of particles he typically finds in tissue? MS. AHERN: Objection. Form. THE WITNESS: He's a pulmonary pathologist, as I recall, knows nothing about gynecologic pathology.	11 12 13 14 15 16 17 18 19 20 21 22	Q So are you saying there's no possible way talc can get into any ovarian tissue? A Well, it's been described. Let's put it that way. It has been described. Q What does that mean, "it's been described"? I've been describing it all day. A It's been described that talc is present in ovarian tissue in users or nonusers, as I remember from the Heller article. Q We can talk about Heller if you like, but the fact of the matter is if a talc particle gets to ovarian tissue and it's between 1 and 10 microns in

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1	Page 190		Page 192
	THE WITNESS: I don't as I said, I haven't read	1	Do you have any reason to disagree with that?
2	anything about specifically about the size of	2	MS. AHERN: Object to the form.
3	particles and whether it's engulfed by a single	3	THE WITNESS: I want to go back and sort of read
4	macrophage or by a giant cell.	4	this Materials and Methods a little better.
5	BY MR. DEARING:	5	BY MR. DEARING:
6	Q So if you don't know whether a macrophage	6	Q If you want to take time and read the whole
7	would respond to it or a giant cell respond to it, how	7	study
8	can you say that talc can't cause cancer because it	8	A No, I'm just reading
9	would evoke a giant cell granulomatous response?	9	Q we can go off the record and you can do
10	MS. AHERN: Objection. That's not at all what he	10	that.
11	said.	11	A I'm reading materials and methods. I'm up to
12	THE WITNESS: We have to get back to precursor	12	your paragraph.
13	lesions and finding evidence of carcinomatous stimulus	13	Q Keep in mind the question is are these one,
14	in those cells, and those are fallopian tube	14	two, three, four, five, six, seven, eight eight
15	epithelium, not ovarian cells.	15	scientists reporting finding talc particles in the 1-
16	(The document referenced below was	16	to 10-micron range in pelvic lymph nodes and
17	marked Deposition Exhibit 6 for	17	gynecologic tissue?
18	identification and is appended hereto.)	18	A Okay. So they're finding talc particles in
19	BY MR. DEARING:	19	lymph nodes, and do they say ovarian tissues here?
20	Q I'm handing you a study by Dr. Sandra McDonald	20	Probably. It is mainly lymph nodes, it sounds like.
21	and others, including Dr. Godleski, entitled	21	They're focused on the lymph nodes.
22	"Correlative Polarizing Light and Scanning Electron	22	Q They are. You're right.
23	Microscopy for the Assessment of Talc in Pelvic Region	23	A So they find it in lymph nodes, yes. What's
24	Lymph Nodes."	24	your question?
25	Have you ever seen that study? It's fairly	25	Q The size of the particles they're finding in
1	Page 191 new. I don't believe it's referenced in your	1	Page 193 pelvic lymph nodes are 1 to 10 microns, right, as they
2	materials.	2	report it?
3	A Yeah, I don't think I've seen this.	3	A Yes.
4	MS. AHERN: Take your time if you want to read it.	4	Q And if you would turn over to page 9,
5	THE WITNESS: What's your question?	5	Figure 3, there's a photomicrograph.
6	BY MR. DEARING:	6	A Hold on one sec.
7	Q My question is, over on page 3 at the top,	7	MS. AHERN: Take your time. If you need to go off
8	Dr. McDonald describes the talc being visualized using	8	the record, we can.
9	polarizing microscopy, and she says:	9	THE WITNESS: Okay. What were you saying now? I'm
10	"Talc is readily visible under	10	sorry.
11	polarizing light microscopy where it may	11	BY MR. DEARING:
12	be found as both plates and fibrous form	12	Q Okay. Page 9. There are three
13	and where the particles or fibers are	13	photomicrographs. And I just want to talk about one of
14	brightly birefringent and often in the	14	them.
15	size range of 1 to 10 microns."	15	Do you see the paragraph that starts
16	MS. AHERN: I'm sorry. Do you have a copy of that?	16	"Figure 3"?
17	MR. DEARING: I do.	17	A I'm on Figure 4.
18	MS. AHERN: Thank you. Page 3.	18	Q Page 9.
19	MR. DEARING: Page 3.	19	A I see page
	BY MR. DEARING:	20	Q Page 9.
20	Q What she's describing here are talc particles	21	A Page 9. Yes. Okay.
20 21	- *	1	
	that she's seen in ovarian tissue and pelvic lymph	22	Q And the paragraph that starts with the word
21	that she's seen in ovarian tissue and pelvic lymph nodes. And she's saying that the size range that she	22	Q And the paragraph that starts with the word "Figure 3."
21 22			

49 (Pages 190 to 193)

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Robert Kurman, M.D.

_	Page 194		Page 196
1	but Figure 3 shows "correlative polarizing light	1	lymph node."
2	microscopy, SEM, and EDX from Case 18 in the digestate	2	So, again, there's another photomicrograph of
3	study."	3	birefringent particles being sequestered by
4	Below is some photomicrographs.	4	macrophages; right?
5	"Going clockwise from upper left,	5	MS. AHERN: Objection. Form.
6	Panel A shows polarized light microscopy	6	BY MR. DEARING:
7	showing numerous birefringent particles,	7	Q At least according to those six, seven
8	general size range 1 to 5 microns within	8	authors?
9	the macrophages of the left external	9	A So what I need could you read that I
10	iliac lymph node."	10	couldn't follow. I was looking at the pictures. What
11	Do you see that.	11	were you reading exactly?
12	A In Figure A?	12	Q The caption underneath the photomicrograph.
13	Q Do you see where I'm reading from?	13	A Oh. The caption
14	A "Going clockwise from upper left Panel A shows	14	MS. AHERN: Just read it to yourself so she doesn't
15	polarized light microscopy, H&E"	15	have to write it down.
16	A is H&E? It sure doesn't look like an H&E.	16	BY MR. DEARING:
17	" shows"	17	Q You can stop after A because that's all I'm
18	THE REPORTER: Doctor, if you're reading, I'm not	18	talking about.
19	picking it up.	19	A Okay.
20	THE WITNESS: I'm sorry.	20	Q So do you agree with me that that's another
21	Figure 3 shows correlative polarizing light	21	photomicrograph showing birefringent particles being
22	microscopy, SEM, and EDX from Case 18 in the digestate	22	engulfed by macrophages?
23	study (Table 1). Going clockwise from upper left,	23	A Well, honestly, I can't tell from this
24	Panel A shows polarized light microscopy, H&E, showing	24	black-and-white photo what they are. I see polarized
25	numerous birefringent particles, general size from 1 to	25	light and I I see polarized, you know, particles,
	7. 105		2 105
	Page 195		Page 197
1	5 micrograms microns within the macrophages of the	1	but I don't see what they are.
2	left external iliac lymph node.	2	Q Do you agree that the eight authors are
3	BY MR. DEARING:	3	reporting those to be
4	Q Right. That's what I want to point out to	4	A Well, maybe they are. But they reported that.
5	you.	5	I don't see it. I can't convince myself on this
6	A Yeah.	6	picture that
7	Q Okay. Do you agree that what the authors are	1 7	O Ilus materalaina access to Ilus calcius access to
		7	Q I'm not asking you to. I'm asking you to
8	saying there is that the birefringent particles	8	agree with me or not that the eight authors of this
8 9	observed in the 1- to 5-micron range are being	8 9	agree with me or not that the eight authors of this paper identify these birefringent particles in this
8 9 10	observed in the 1- to 5-micron range are being sequestered by macrophages? Right?	8 9 10	agree with me or not that the eight authors of this paper identify these birefringent particles in this photomicrograph as being engulfed by macrophages.
8 9 10 11	observed in the 1- to 5-micron range are being sequestered by macrophages? Right? A Okay.	8 9 10 11	agree with me or not that the eight authors of this paper identify these birefringent particles in this photomicrograph as being engulfed by macrophages. MS. AHERN: Objection. Form.
8 9 10 11 12	observed in the 1- to 5-micron range are being sequestered by macrophages? Right? A Okay. MS. AHERN: Objection. Form.	8 9 10 11 12	agree with me or not that the eight authors of this paper identify these birefringent particles in this photomicrograph as being engulfed by macrophages. MS. AHERN: Objection. Form. THE WITNESS: Maybe that's what they say, but they
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Robert Kurman, M.D.

	Page 198		Page 200
1	talc in pelvic tissues is important	1	BY MR. DEARING:
2	because it documents exposure by	2	Q Okay. Well, presume for me, if you would,
3	demonstrating the presence of talc in	3	that they're right, that they are looking at talc
4	these tissues and provides evidence and	4	particles in the 1- to 5-micron range being engulfed by
5	support of the role of talc in the	5	macrophages.
6	epidemiological association with ovarian	6	Do you agree with me, if they're correct, that
7	cancer in case-control studies."	7	that's evidence of exposure to talc?
8	A Yes.	8	MS. AHERN: Objection. Form.
9	Q Do you agree that the evidence of talc found	9	THE WITNESS: You know, as this well, if
10	within the tissue being engulfed by macrophages is	10	they've been exposed to talc, by seeing evidence of it
11	evidence of talc exposure?	11	in the tissue, could essentially also mean superimposed
12	MS. AHERN: Objection. Form. He just said he	12	particles on top of the tissue that could be there as a
13	couldn't tell they were being engulfed by macrophages.	13	contaminant. So I'm not convinced.
14	BY MR. DEARING:	14	BY MR. DEARING:
15	Q Well, if you presume those talc particles are	15	Q Okay. How would it have gotten there as a
16	being engulfed by macrophages and that these six	16	contaminant?
17	authors are correct in what they observed	17	A Because talc is all over the place.
18	A That doesn't	18	Q So you're talking about after it's removed
19	Q do you believe that that's evidence of	19	from the body?
20	exposure?	20	A Yeah.
21	A It doesn't convince me. I'm not convinced by	21	Q Okay.
22	these photos, frankly.	22	A When you look at a pathology laboratory, the
23	Q I'm not asking you to be convinced by the	23	laboratory counters, the paper towels, the ceramics
24	photos.	24	Q Right.
25	A Well, there were six authors. Doesn't matter.	25	A it all contains talc.
	Page 199		Page 201
1	They can be all wrong for all I know.	1	Q Of course.
2	Q Do you think they're all wrong?	2	A It could easily be introduced into the
3	A I have I can't see it, and that's what	3	specimen.
4	you're asking me. Do I see it and believe it? I don't	4	Q Sure. And is a macrophage going to engulf a
5	believe it.	5	talc particle that's been taken out of the body and is
6	Q One of these authors, by the way, is William	6	sitting on a lab or a paper towel?
7	Welch that we talked about earlier.	7	A As I said
8	A We talked about him earlier.	8	MS. AHERN: Objection.
9	Q Do you think he's wrong?	9	THE WITNESS: I can't distinguish that this is
10	A Well, I don't even know what Bill's role was	10	the state of the s
		10	in a macrophage. It may be talc particles sitting on
11		11	top of the macrophage.
11 12	in this. He may have just said, "Oh, yeah. It was the lymph nodes with something in them."		
	in this. He may have just said, "Oh, yeah. It was the	11	top of the macrophage.
12	in this. He may have just said, "Oh, yeah. It was the lymph nodes with something in them."	11 12	top of the macrophage. BY MR. DEARING:
12 13	in this. He may have just said, "Oh, yeah. It was the lymph nodes with something in them." Q Is it your testimony today that these six	11 12 13	top of the macrophage. BY MR. DEARING: Q Several times in response to my questions,
12 13 14	in this. He may have just said, "Oh, yeah. It was the lymph nodes with something in them." Q Is it your testimony today that these six authors looked at these photomicrographs and got it	11 12 13 14	top of the macrophage. BY MR. DEARING: Q Several times in response to my questions, you've answered with "I'm not convinced."
12 13 14 15	in this. He may have just said, "Oh, yeah. It was the lymph nodes with something in them." Q Is it your testimony today that these six authors looked at these photomicrographs and got it wrong	11 12 13 14 15	top of the macrophage. BY MR. DEARING: Q Several times in response to my questions, you've answered with "I'm not convinced." Is that the burden that you're applying to
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	Page 202		Page 204
1	BY MR. DEARING:	1	saying. I wondered what led them to do polarization of
2	Q Is that the standard that you're using for	2	these lymph nodes if they saw nothing. You know, we
3	causation, that you're not convinced?	3	routinely don't polarize tissues in surgical pathology,
4	MS. AHERN: Objection. Form. Misstates and	4	as even your expert acknowledged.
5	mischaracterizes his testimony.	5	So what led them to do to do polarization
6	MR. DEARING: I don't know what his testimony is.	6	if there was no suspicion based on the H&E slides?
7	I'm asking him.	7	BY MR. DEARING:
8	THE WITNESS: I told you earlier what I expected to	8	Q Right. Well, I'm not really asking you what
9	see in causation. And that was a fulfillment of all	9	you're wondering about. I'm just asking you if you saw
10	those criteria that we discussed at multiple times.	10	any statements in there and I know you haven't read
11	BY MR. DEARING:	11	it word for word, but you spent about 15 minutes
12	Q Right. But the fulfillment of that criteria	12	skimming over it.
13	has to rise to a level of a preponderance of the	13	No mention of granulomatous giant cell
14	evidence in court, and I want to know what standard	14	response to talc particles, is there?
15	you're applying.	15	MS. AHERN: Objection. Form. He hasn't reviewed
16	Is it until Dr. Kurman is convinced, or is it	16	the entire article.
17	a preponderance of the evidence or something else?	17	THE WITNESS: From what I read in this 15 minutes,
18	MS. AHERN: Objection. Form.	18	I haven't seen that.
19	THE WITNESS: A preponderance of the evidence, of	19	BY MR. DEARING:
20	course.	20	Q Okay. I looked through your CV and tried to
21	BY MR. DEARING:	21	do a quick calculation. It looks like you've received
22	Q Okay. So are you suggesting that applying the	22	somewhere in the neighborhood of \$6 million in funding
23	preponderance of the evidence to this study, that the	23	from pharmaceutical companies for research in your
24	preponderance of the evidence suggests these six	24	career.
25	authors got this wrong, that they're not observing talc	25	Does that sound about accurate to you?
	Page 203		Page 205
1	particles being engulfed by macrophages?	1	MS. AHERN: Objection. Form.
2	MS. AHERN: Objection. Form. Argumentative.	2	THE WITNESS: No. I would like to see that.
3	Misstates his testimony. He's already answered this	3	BY MR. DEARING:
4	question. This is the first time he's looking at this	4	Q Okay.
5	study. He hasn't reviewed the entire thing.	5	A Which pharmaceutical companies?
6	MR. DEARING: He wasn't asked about preponderance	6	Q Look at your CV, if you like. It's under the
7	of the evidence.	7	title "Pharmaceutical Companies Supported." It looks
8	MS. AHERN: He's told you what his basic opinion is	8	like the Upjohn Company
9	from looking at the study in the last few minutes.	9	A Wait a minute. Wait a minute. Wait a minute.
10	That's his opinion.	10	MS. AHERN: I'm sorry. What page are you on,
11	THE WITNESS: I'm even wondering how they just	11	David, in the CV?
12	decide to look at this particular lymph node without	12	THE WITNESS: I see it. It's page 58.
13	mentioning that they saw some kind of funny reaction	13	MS. AHERN: Thank you.
14	with the H&E slides that then led them to do	14	BY MR. DEARING:
15	polarization. I didn't I can't find that.	15	Q Okay. It looks like the Upjohn Company gave
16	BY MR. DEARING:	16	you 1.3 million and change for research.
17	Q It's explained in there.	17	A Wait a minute. You're looking at line 1,
18	A Well, maybe you can point it out to me. This	18	right, Upjohn Company?
19	is the first time I've seen the article.	19	Q I'm going through the whole thing.
	Q In the brief skimming through that that you	20	A I see 1993 to 1995. I see 314,540.
20		21	Q Keep going. There are other entries for
20 21	just did and the portions that you read, there was no	1	
	mention of granulomatous giant cell responses to talc	22	Upjohn.
21		22 23	Opjohn. A Clinical at Wyeth Ayerst, '93 to '98, 59,000.
21 22	mention of granulomatous giant cell responses to talc		
21		1 00	

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2 274,000. 2 other author's opin 3 You know, in case you're not aware of it, this 3 Are you say 4 money doesn't go directly to me. It goes to the 4 it's necessary to in	Page 208
3 You know, in case you're not aware of it, this 3 Are you say 4 money doesn't go directly to me. It goes to the 4 it's necessary to in	were someone else's opinions, the
4 money doesn't go directly to me. It goes to the 4 it's necessary to in	
	ing you just you don't think
	nform the reader that you're
5 university. 5 A Well, I'll ha	
	paid expert witness for Johnson &
7 A Okay. You know that. 7 Johnson?	01: -:
	Objection. Form.
	S: I'll have to think that out and make
10 Q you've received approximately \$6 million of 10 a decision.	JC.
11 funding for research in your career from pharmaceutical 11 BY MR. DEARIN 12 companies? 12 O Okav. Do	
	you know whether the next
	n includes the epidemiology studies, es that show a statistically
	sed risk of ovarian cancer in women
16 Q Upjohn, Merck, Watson, Wyeth, and Pfizer. 16 who use talc for for	
1	Objection. Misstates the literature.
	S: We don't go into that degree of
	omment very similar maybe a
	porate than what we had in the 2011
17	ot going to it's not an
1 · · · · · · · · · · · · · · · · · · ·	extbook. It's not going to go into
23 Johnson & Johnson to date? 23 all those details.	
24 A Since I was first approached? 24 BY MR. DEARIN	NG:
	entioned and as you've testified,
Page 207	
	rily agree with all of the statements hors in this textbook; right?
	I said, the book is intended to
	erview of what's out there. I may not
	ically agree with something. But we
	all needs to be discussed.
	ot all being discussed because
	ing both sides of these issues on
9 A Not entirely, partial. 9 everything; right?	
10 Q And the next edition of Blaustein's that you 10 A What bot	th sides of what issues? I mean
11 said is on the way 11 Q Well, for ex	xample, when we were talking
1	lon't remember now.
12 A In press, yeah. 12 earlier about I d	talking about whether chronic
1, 7	e
13 Q in press 13 Oh, we were 14 A Almost in press. 14 inflammation, non	nasbestos mineral fibers may be
13Q in press13Oh, we were14A Almost in press.14inflammation, non15Q are you going to disclose in there15etiologic agents for	nasbestos mineral fibers may be or malignant mesothelioma
13 Q in press 13 Oh, we were 14 A Almost in press. 14 inflammation, non 15 Q are you going to disclose in there 15 etiologic agents for 16 somewhere that you are a paid witness for Johnson & 16 malignant perin	nasbestos mineral fibers may be or malignant mesothelioma eal malignancies.
13 Q in press 13 Oh, we were 14 A Almost in press. 14 inflammation, non 15 Q are you going to disclose in there 15 etiologic agents for 16 somewhere that you are a paid witness for Johnson & 16 malignant perin 17 Johnson in the talcum powder litigation? 17 And you said	nasbestos mineral fibers may be or malignant mesothelioma eal malignancies. d, well, that's one position, but
13 Q in press 14 A Almost in press. 15 Q are you going to disclose in there 16 somewhere that you are a paid witness for Johnson & 16 malignant perin 17 Johnson in the talcum powder litigation? 18 A I'll have to look at that. We don't 18 you didn't offer th	nasbestos mineral fibers may be or malignant mesothelioma eal malignancies. d, well, that's one position, but e other position that those aren't
13 Q in press 14 A Almost in press. 15 Q are you going to disclose in there 16 somewhere that you are a paid witness for Johnson & 16 malignant perin 17 Johnson in the talcum powder litigation? 18 A I'll have to look at that. We don't 19 there's some comment about talc, just very similar to 19 etiologic agents for	nasbestos mineral fibers may be or malignant mesothelioma eal malignancies. d, well, that's one position, but e other position that those aren't or peritoneal.
13	nasbestos mineral fibers may be or malignant mesothelioma eal malignancies. d, well, that's one position, but e other position that those aren't or peritoneal.
13 Oh, we were 14 A Almost in press. 15 Q are you going to disclose in there 16 somewhere that you are a paid witness for Johnson & 16 malignant perin 17 Johnson in the talcum powder litigation? 18 A I'll have to look at that. We don't 19 there's some comment about talc, just very similar to 20 what we said there. I don't know that it influenced 21 it influenced my again, it's a statement of what's 21 haven't explained	nasbestos mineral fibers may be or malignant mesothelioma eal malignancies. d, well, that's one position, but e other position that those aren't or peritoneal. but agree with me that you've you both sides of some of these topics?
13 Oh, we were 14 A Almost in press. 15 Q are you going to disclose in there 16 somewhere that you are a paid witness for Johnson & 17 Johnson in the talcum powder litigation? 18 A I'll have to look at that. We don't 19 there's some comment about talc, just very similar to 20 what we said there. I don't know that it influenced 21 it influenced my again, it's a statement of what's 22 MS. AHERN:	nasbestos mineral fibers may be or malignant mesothelioma eal malignancies. d, well, that's one position, but e other position that those aren't or peritoneal. ou agree with me that you've you both sides of some of these topics? Objection. Form.
13 Oh, we were 14 A Almost in press. 15 Q are you going to disclose in there 16 somewhere that you are a paid witness for Johnson & 16 malignant perin 17 Johnson in the talcum powder litigation? 18 A I'll have to look at that. We don't 18 you didn't offer th 19 there's some comment about talc, just very similar to 20 what we said there. I don't know that it influenced 20 So would you it influenced my again, it's a statement of what's 21 haven't explained 22 out there in the literature. 23 Q Well, you are you've already said that you 23 THE WITNESS	nasbestos mineral fibers may be or malignant mesothelioma eal malignancies. d, well, that's one position, but e other position that those aren't or peritoneal. but agree with me that you've you both sides of some of these topics?
13 Oh, we were 14 A Almost in press. 15 Q are you going to disclose in there 16 somewhere that you are a paid witness for Johnson & 17 Johnson in the talcum powder litigation? 18 A I'll have to look at that. We don't 19 there's some comment about talc, just very similar to 20 what we said there. I don't know that it influenced 21 it influenced my again, it's a statement of what's 22 MS. AHERN:	nasbestos mineral fibers may be or malignant mesothelioma eal malignancies. d, well, that's one position, but e other position that those aren't or peritoneal. ou agree with me that you've you both sides of some of these topics? Objection. Form.

Robert Kurman, M.D.

Page 210 Page 212 1 BY MR. DEARING: 1 to review for publication that offered some type of 2 Q Would you agree that good scientists can have 2 cancer causation analysis that you thought was just 3 differing opinions about cancer etiology? 3 biologically not plausible, implausible, would you 4 MS. AHERN: Objection. Form. 4 still recommend that publication -- that study for 5 THE WITNESS: That's a very, very general question. 5 publication? 6 6 But if I frame it within the talc litigation, I would MS. AHERN: Objection. Form. Incomplete 7 venture to say that a reasonable scientist viewing --7 hypothetical. Other problems. 8 viewing all -- viewing the totality of this data, I 8 THE WITNESS: I would ask the author to present 9 don't think anyone would agree to say that talc causes 9 more convincing evidence. 10 10 BY MR. DEARING: ovarian cancer. BY MR. DEARING: 11 11 Q Sure. So you wouldn't -- you wouldn't approve 12 12 Q Are you saying that all of the plaintiffs' or recommend for publication a study that wasn't experts, the 30 or so plaintiff experts, that you know 13 13 biologically plausible, right, in your mind? 14 about, are not good scientists? 14 A I would like to see the data and the evidence 15 15 that you're referring to, if there's a specific case MS. AHERN: Objection. Form. 16 16 THE WITNESS: I didn't say that. for me to answer this very general question. 17 17 BY MR. DEARING: Q I don't have a specific case. I'm asking you 18 Q Okay. Well, my question is, do you agree with 18 a general question. 19 19 me that good scientists can have differing opinions The general question is, if you were reviewing 20 about cancer etiology? 20 a study on some cause of cancer -- and I'm not even 21 MS. AHERN: Objection. Form. 21 using a specific, any cause of cancer -- a cause of 22 THE WITNESS: It's neither good or bad. I'm saying 22 cancer that was being purported in a study and you felt 23 that reasonable people looking at all this data, in my 23 like it wasn't biologically plausible, you would not 24 24 opinion, would not disagree that this is -- that talc recommend that paper for publication; right? 25 25 causes ovarian cancer. MS. AHERN: Objection. Form. Page 211 Page 213 1 BY MR. DEARING: 1 THE WITNESS: I'd like to see the study that you're 2 2 Q Right. I'm not asking you about this data. talking about. 3 I'm talking about cancer in general. 3 BY MR. DEARING: 4 For example, there are good scientists, 4 Q There is no study. I'm making it up. 5 5 reputable, knowledgeable scientists that disagree with MS. AHERN: Objection. 6 you about your STIC theory; right? 6 THE WITNESS: Well, I don't want to comment about 7 7 MS. AHERN: Objection. Form. things that you make up. 8 8 THE WITNESS: Not many. Not this day and age. BY MR. DEARING: 9 Even your expert agrees with us. 9 Q Okay. So you don't have an opinion either way 10 BY MR. DEARING: 10 whether -- if you reviewed a study that was suggesting 11 Q I know. I'm not saying that. I'm saying 11 something that wasn't biologically plausible in your 12 there are scientists that don't agree with you. 12 mind whether you'd approve it for publication? 13 That doesn't make them bad scientists; right? 13 MS. AHERN: Objection. Form. 14 A Didn't say they're bad scientists. 14 THE WITNESS: You're making these hypothetical Q Do you currently sit on any editorial boards 15 15 questions that, to me, are -- I can't answer that. 16 or peer review panels? 16 BY MR. DEARING: 17 A I've taken my -- I retired from those. 17 Q You can't answer the simple question of 18 Q So, no, you're not currently on any? 18 whether a paper was sent to you to review that you felt 19 A No. 19 offered some theory that was not biologically 20 Q When was the last time you sat on one? 20 plausible, in your mind, whether you would recommend it 21 A Well, I -- when I retired in June of 2017, I 21 for publication? You can't answer that question? 22 withdrew from the various editorial boards that I was 22 MS. AHERN: Objection. Form. Asked and answered 23 on -- that I was currently on. 23 several times. 24 Q If you were sitting on a board -- editorial 24 THE WITNESS: No comment. 25 board or a peer review panel and you were given a study 25

54 (Pages 210 to 213)

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Robert Kurman, M.D.

	Page 214		Page 216
1	BY MR. DEARING:	1	Q In fact, your textbooks often lead with a
2	Q I thought that was an easy question.	2	section on epidemiology in every chapter almost, don't
3	All right. The second half of your report is	3	they?
4	a criticisms of Dr. Kane.	4	A I said that earlier. I said sure, we do that,
5	Do you agree?	5	but I'm not focusing in on an epidemiology review.
6	A Yes.	6	Q Well, it's full of epidemiological data, isn't
7	Q And were you hired by Johnson & Johnson to	7	it?
8	offer criticisms of Dr. Kane?	8	A Yes, yes, yes.
9	MS. AHERN: Object to the form.	9	Q Okay. And, in fact, in one of your previous
10	THE WITNESS: No.	10	editions, in the fifth edition, you actually have an
11	BY MR. DEARING:	11	entire chapter devoted to epidemiology, don't you?
12	Q Were you offered by Johnson & Johnson to offer	12	MS. AHERN: Objection. Form.
13	your opinions about Dr. Kane's opinions?	13	THE WITNESS: You'll notice we removed that.
14	A I was asked	14	BY MR. DEARING:
15	MS. AHERN: Objection. Form.	15	Q Yeah. But you felt like it was important for
16	THE WITNESS: to review Dr. Kane's report and	16	pathologists to understand epidemiology, and that's why
17	comment on it.	17	you put a chapter in this textbook; isn't it?
18	BY MR. DEARING:	18	MS. AHERN: Objection. Form.
19	Q One of the first things you say in your	19	THE WITNESS: In the fifth edition. And then we
20 21	comments section about Dr. Kane on page 12, you	20 21	included it in each section in the sixth edition.
22	write, "Although Dr. Kane offers opinions in a host of areas outside her field, including epidemiology and	22	BY MR. DEARING: Q Right.
23	cancer biology"	23	A Of course, epidemiology is important.
24	A I'm sorry. Where let's be on the same	24	(The document referenced below was
25	page.	25	marked Deposition Exhibit 7 for
	Page 215		Page 217
1	Right in the beginning. Okay. Go ahead.	1	Page 217 identification and is appended hereto.)
2	Right in the beginning. Okay. Go ahead. Q You suggest in the last sentence of the first	2	identification and is appended hereto.) BY MR. DEARING:
2	Right in the beginning. Okay. Go ahead. Q You suggest in the last sentence of the first paragraph that Dr. Kane is offering opinions in a host	2 3	identification and is appended hereto.) BY MR. DEARING: Q I'm going to show you what's marked as
2 3 4	Right in the beginning. Okay. Go ahead. Q You suggest in the last sentence of the first paragraph that Dr. Kane is offering opinions in a host of areas outside her field, including epidemiology and	2 3 4	identification and is appended hereto.) BY MR. DEARING: Q I'm going to show you what's marked as Exhibit 7, which is that chapter on epidemiology.
2 3 4 5	Right in the beginning. Okay. Go ahead. Q You suggest in the last sentence of the first paragraph that Dr. Kane is offering opinions in a host of areas outside her field, including epidemiology and cancer biology; right?	2 3 4 5	identification and is appended hereto.) BY MR. DEARING: Q I'm going to show you what's marked as Exhibit 7, which is that chapter on epidemiology. MS. AHERN: Or a page from that chapter?
2 3 4 5 6	Right in the beginning. Okay. Go ahead. Q You suggest in the last sentence of the first paragraph that Dr. Kane is offering opinions in a host of areas outside her field, including epidemiology and cancer biology; right? A Yes.	2 3 4 5 6	identification and is appended hereto.) BY MR. DEARING: Q I'm going to show you what's marked as Exhibit 7, which is that chapter on epidemiology. MS. AHERN: Or a page from that chapter? MR. DEARING: The front page. That's the cover
2 3 4 5 6 7	Right in the beginning. Okay. Go ahead. Q You suggest in the last sentence of the first paragraph that Dr. Kane is offering opinions in a host of areas outside her field, including epidemiology and cancer biology; right? A Yes. Q You would agree with me, wouldn't you, that a	2 3 4 5 6 7	identification and is appended hereto.) BY MR. DEARING: Q I'm going to show you what's marked as Exhibit 7, which is that chapter on epidemiology. MS. AHERN: Or a page from that chapter? MR. DEARING: The front page. That's the cover page from that chapter.
2 3 4 5 6 7 8	Right in the beginning. Okay. Go ahead. Q You suggest in the last sentence of the first paragraph that Dr. Kane is offering opinions in a host of areas outside her field, including epidemiology and cancer biology; right? A Yes. Q You would agree with me, wouldn't you, that a pathologist, a learned, skilled pathologist, has a	2 3 4 5 6 7 8	identification and is appended hereto.) BY MR. DEARING: Q I'm going to show you what's marked as Exhibit 7, which is that chapter on epidemiology. MS. AHERN: Or a page from that chapter? MR. DEARING: The front page. That's the cover page from that chapter. MS. AHERN: From the fifth edition?
2 3 4 5 6 7 8	Right in the beginning. Okay. Go ahead. Q You suggest in the last sentence of the first paragraph that Dr. Kane is offering opinions in a host of areas outside her field, including epidemiology and cancer biology; right? A Yes. Q You would agree with me, wouldn't you, that a pathologist, a learned, skilled pathologist, has a working knowledge of epidemiology; right?	2 3 4 5 6 7 8	identification and is appended hereto.) BY MR. DEARING: Q I'm going to show you what's marked as Exhibit 7, which is that chapter on epidemiology. MS. AHERN: Or a page from that chapter? MR. DEARING: The front page. That's the cover page from that chapter. MS. AHERN: From the fifth edition? MR. DEARING: The fifth edition.
2 3 4 5 6 7 8 9	Right in the beginning. Okay. Go ahead. Q You suggest in the last sentence of the first paragraph that Dr. Kane is offering opinions in a host of areas outside her field, including epidemiology and cancer biology; right? A Yes. Q You would agree with me, wouldn't you, that a pathologist, a learned, skilled pathologist, has a working knowledge of epidemiology; right? A Working knowledge	2 3 4 5 6 7 8 9	identification and is appended hereto.) BY MR. DEARING: Q I'm going to show you what's marked as Exhibit 7, which is that chapter on epidemiology. MS. AHERN: Or a page from that chapter? MR. DEARING: The front page. That's the cover page from that chapter. MS. AHERN: From the fifth edition? MR. DEARING: The fifth edition. MS. AHERN: Okay. Exhibit 7. Do you have an extra
2 3 4 5 6 7 8 9 10	Right in the beginning. Okay. Go ahead. Q You suggest in the last sentence of the first paragraph that Dr. Kane is offering opinions in a host of areas outside her field, including epidemiology and cancer biology; right? A Yes. Q You would agree with me, wouldn't you, that a pathologist, a learned, skilled pathologist, has a working knowledge of epidemiology; right? A Working knowledge MS. AHERN: Objection. Form.	2 3 4 5 6 7 8 9 10	identification and is appended hereto.) BY MR. DEARING: Q I'm going to show you what's marked as Exhibit 7, which is that chapter on epidemiology. MS. AHERN: Or a page from that chapter? MR. DEARING: The front page. That's the cover page from that chapter. MS. AHERN: From the fifth edition? MR. DEARING: The fifth edition. MS. AHERN: Okay. Exhibit 7. Do you have an extra copy? Okay. Thank you.
2 3 4 5 6 7 8 9 10 11	Right in the beginning. Okay. Go ahead. Q You suggest in the last sentence of the first paragraph that Dr. Kane is offering opinions in a host of areas outside her field, including epidemiology and cancer biology; right? A Yes. Q You would agree with me, wouldn't you, that a pathologist, a learned, skilled pathologist, has a working knowledge of epidemiology; right? A Working knowledge MS. AHERN: Objection. Form. THE WITNESS: is different than expertise.	2 3 4 5 6 7 8 9 10 11	identification and is appended hereto.) BY MR. DEARING: Q I'm going to show you what's marked as Exhibit 7, which is that chapter on epidemiology. MS. AHERN: Or a page from that chapter? MR. DEARING: The front page. That's the cover page from that chapter. MS. AHERN: From the fifth edition? MR. DEARING: The fifth edition. MS. AHERN: Okay. Exhibit 7. Do you have an extra copy? Okay. Thank you. BY MR. DEARING:
2 3 4 5 6 7 8 9 10 11 12	Right in the beginning. Okay. Go ahead. Q You suggest in the last sentence of the first paragraph that Dr. Kane is offering opinions in a host of areas outside her field, including epidemiology and cancer biology; right? A Yes. Q You would agree with me, wouldn't you, that a pathologist, a learned, skilled pathologist, has a working knowledge of epidemiology; right? A Working knowledge MS. AHERN: Objection. Form. THE WITNESS: is different than expertise. BY MR. DEARING:	2 3 4 5 6 7 8 9 10 11 12 13	identification and is appended hereto.) BY MR. DEARING: Q I'm going to show you what's marked as Exhibit 7, which is that chapter on epidemiology. MS. AHERN: Or a page from that chapter? MR. DEARING: The front page. That's the cover page from that chapter. MS. AHERN: From the fifth edition? MR. DEARING: The fifth edition. MS. AHERN: Okay. Exhibit 7. Do you have an extra copy? Okay. Thank you. BY MR. DEARING: Q And, as you can see, it's written by Dr. Mark
2 3 4 5 6 7 8 9 10 11 12 13 14	Right in the beginning. Okay. Go ahead. Q You suggest in the last sentence of the first paragraph that Dr. Kane is offering opinions in a host of areas outside her field, including epidemiology and cancer biology; right? A Yes. Q You would agree with me, wouldn't you, that a pathologist, a learned, skilled pathologist, has a working knowledge of epidemiology; right? A Working knowledge MS. AHERN: Objection. Form. THE WITNESS: is different than expertise. BY MR. DEARING: Q I don't think she claimed to be an expert in	2 3 4 5 6 7 8 9 10 11 12 13 14	identification and is appended hereto.) BY MR. DEARING: Q I'm going to show you what's marked as Exhibit 7, which is that chapter on epidemiology. MS. AHERN: Or a page from that chapter? MR. DEARING: The front page. That's the cover page from that chapter. MS. AHERN: From the fifth edition? MR. DEARING: The fifth edition. MS. AHERN: Okay. Exhibit 7. Do you have an extra copy? Okay. Thank you. BY MR. DEARING: Q And, as you can see, it's written by Dr. Mark Schiffman, and it's Chapter 27.
2 3 4 5 6 7 8 9 10 11 12 13	Right in the beginning. Okay. Go ahead. Q You suggest in the last sentence of the first paragraph that Dr. Kane is offering opinions in a host of areas outside her field, including epidemiology and cancer biology; right? A Yes. Q You would agree with me, wouldn't you, that a pathologist, a learned, skilled pathologist, has a working knowledge of epidemiology; right? A Working knowledge MS. AHERN: Objection. Form. THE WITNESS: is different than expertise. BY MR. DEARING: Q I don't think she claimed to be an expert in epidemiology.	2 3 4 5 6 7 8 9 10 11 12 13 14 15	identification and is appended hereto.) BY MR. DEARING: Q I'm going to show you what's marked as Exhibit 7, which is that chapter on epidemiology. MS. AHERN: Or a page from that chapter? MR. DEARING: The front page. That's the cover page from that chapter. MS. AHERN: From the fifth edition? MR. DEARING: The fifth edition. MS. AHERN: Okay. Exhibit 7. Do you have an extra copy? Okay. Thank you. BY MR. DEARING: Q And, as you can see, it's written by Dr. Mark Schiffman, and it's Chapter 27. A Yes.
2 3 4 5 6 7 8 9 10 11 12 13 14 15	Right in the beginning. Okay. Go ahead. Q You suggest in the last sentence of the first paragraph that Dr. Kane is offering opinions in a host of areas outside her field, including epidemiology and cancer biology; right? A Yes. Q You would agree with me, wouldn't you, that a pathologist, a learned, skilled pathologist, has a working knowledge of epidemiology; right? A Working knowledge MS. AHERN: Objection. Form. THE WITNESS: is different than expertise. BY MR. DEARING: Q I don't think she claimed to be an expert in epidemiology. A Well, Dr. Kane, in her report she's been	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	identification and is appended hereto.) BY MR. DEARING: Q I'm going to show you what's marked as Exhibit 7, which is that chapter on epidemiology. MS. AHERN: Or a page from that chapter? MR. DEARING: The front page. That's the cover page from that chapter. MS. AHERN: From the fifth edition? MR. DEARING: The fifth edition. MS. AHERN: Okay. Exhibit 7. Do you have an extra copy? Okay. Thank you. BY MR. DEARING: Q And, as you can see, it's written by Dr. Mark Schiffman, and it's Chapter 27. A Yes. Q And then he leads that chapter hopefully,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Right in the beginning. Okay. Go ahead. Q You suggest in the last sentence of the first paragraph that Dr. Kane is offering opinions in a host of areas outside her field, including epidemiology and cancer biology; right? A Yes. Q You would agree with me, wouldn't you, that a pathologist, a learned, skilled pathologist, has a working knowledge of epidemiology; right? A Working knowledge MS. AHERN: Objection. Form. THE WITNESS: is different than expertise. BY MR. DEARING: Q I don't think she claimed to be an expert in epidemiology.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	identification and is appended hereto.) BY MR. DEARING: Q I'm going to show you what's marked as Exhibit 7, which is that chapter on epidemiology. MS. AHERN: Or a page from that chapter? MR. DEARING: The front page. That's the cover page from that chapter. MS. AHERN: From the fifth edition? MR. DEARING: The fifth edition. MS. AHERN: Okay. Exhibit 7. Do you have an extra copy? Okay. Thank you. BY MR. DEARING: Q And, as you can see, it's written by Dr. Mark Schiffman, and it's Chapter 27. A Yes. Q And then he leads that chapter hopefully, you can read that.
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55 (Pages 214 to 217)

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Robert Kurman, M.D.

	Page 218		Page 220
1	are more closely allied than many people	1	doing bench research and the pathologist who's doing
2	realize. Epidemiologists study the	2	surgical pathology. So, yes, of course, a surgical
3	distribution and determinants of	3	pathologist is going to be aware and understanding but
4	diseases in human populations. In	4	is not going to have expertise necessarily in cancer
5	current medical practices, diseases are	5	biology.
6	often defined by histopathologic	6	BY MR. DEARING:
7	diagnoses or by clinical pathologic test	7	Q Well, pathologists have had training in cancer
8	values."	8	biology, haven't they?
9	Did I read that right?	9	A Well, we read about it, we acquaint ourselves
10	A You read that correct.	10	with it, we go to lectures, we know something about it,
11	Q And this is a chapter you actually edited;	11	but we are not experts in it necessarily.
12	right?	12	Q And cancer pathology papers often discuss cell
13	MS. AHERN: Objection. Form.	13	biology, don't they?
14	THE WITNESS: The fifth edition, yes.	14	A Yes.
15	BY MR. DEARING:	15	Q You go on to state that your primary area of
16	Q Okay. So there's nothing necessarily	16	expertise is gynecologic pathology.
17	inappropriate about a skilled, learned pathologist from	17	So tell me, what is your well, you've
18	discussing pathology I mean, epidemiology; right?	18	already explained to us what your methodology is. Do
19	A Of course. But the point is she's a	19	you have any criticism of Dr. Kane's methodology as far
20	pathologist and she spends over half nearly half her	20	as her I know you disagree with some of her
21	report on epidemiology and a paragraph on pathology.	21	opinions, but do you have any criticism of the
22	It doesn't seem right, even though we're part-time	22	methodology she used to go about that?
23	epidemiologists.	23	A Yes.
24	Q You spent half of your report critiquing	24	Q Okay. Tell me what that criticism is.
25	Dr. Kane. So I could suggest that's not right.	25	A Well, one of the main things to start with is
	Page 219		Page 221
1	MS. AHERN: Objection.	1	something we've been discussing during the entire
2	THE WITNESS: Well, that was in order to point out	2	course of this deposition, and that is that it's now
3	the shortcomings of her analysis. That's all that	3	generally accepted that high-grade serous carcinoma of
4			generally accepted that high-grade scrous caremonia of
	referred to.	4	the ovary begins in the fallopian tube with a precursor
5	referred to. BY MR. DEARING:		
5 6		4	the ovary begins in the fallopian tube with a precursor
	BY MR. DEARING:	4 5	the ovary begins in the fallopian tube with a precursor p53 signature, p53 STICs, and not the surface
6	BY MR. DEARING: Q I just want to make sure it's crystal-clear	4 5 6	the ovary begins in the fallopian tube with a precursor p53 signature, p53 STICs, and not the surface epithelium of the ovary. And she even admits that.
6 7	BY MR. DEARING: Q I just want to make sure it's crystal-clear that you're not suggesting skilled, experienced	4 5 6 7	the ovary begins in the fallopian tube with a precursor p53 signature, p53 STICs, and not the surface epithelium of the ovary. And she even admits that. But yet all the data that she cites, various biology,
6 7 8	BY MR. DEARING: Q I just want to make sure it's crystal-clear that you're not suggesting skilled, experienced pathologists, like yourself and Dr. Kane, don't	4 5 6 7 8	the ovary begins in the fallopian tube with a precursor p53 signature, p53 STICs, and not the surface epithelium of the ovary. And she even admits that. But yet all the data that she cites, various biology, the cell cultures and studies that she refers, they're
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56 (Pages 218 to 221)

	Page 222		Page 224
1	BY MR. DEARING:	1	A Well, you want to begin with analogy? You
2	Q Sir, are you saying she's relying on faulty	2	just brought it up a minute ago.
3	studies to reach her conclusions?	3	Q Sure.
4	A In the studies may not be faulty, just the	4	A Okay. I can read from my report.
5	wrong study. Well, as I've said, the precursors you	5	"Dr. Kane overstates the
6	need causation, initiation. We talked about this all	6	significance of compositional
7	morning. Should be looking at the precursor lesion in	7	similarities between talc and asbestos.
8	the organ where the lesion begins.	8	Specifically, Dr. Kane relies on an
9	She's looking at she's looking at the	9	observed 'chemical similarity' between
10	ovarian surface epithelium, or at least citing studies	10	the two, but the two but the fact the
11	that evaluated the ovarian surface epithelium, which is	11	two materials have similar chemical
12	not where these cancers begin. So, therefore, she has	12	compositions does not mean they will
13	selected studies that are inappropriate.	13	have similar effects on the body. For
14	Q Do you have any other criticism of her	14	instance, the chemical composition of
15	methodology other than she's looked at	15	water is almost identical to that of
16	A Well, we can go through them if you want on	16	hydrogen peroxide they differ by only
17	every you know, one at a time.	17	one oxygen atom but their biological
18	Q Let's just talk just generally with regard to	18	effects are vastly different. Dr. Kane
19	methodology. And we can talk we will go	19	fails to provide any support for her
20	individually.	20	suggestion that compositional
21	A Okay.	21	similarities between talc and asbestos
22	Q But from just a general standpoint, you	22	result in similar biologic effects.
23	suggested one problem with her methodology is that	23	While talc and asbestos are both
24	she's looking at the wrong studies.	24	silicate minerals, talc is inert. By
25	A Right.	25	contrast, surface reactivity and the
د ی			contrast, surface reactivity and the
د ک	Page 223	23	Page 225
1	Page 223	1	Page 225
			Page 225 ability to release free radicals
1	Page 223 Q Any other criticism of her methodology	1	Page 225
1 2	Page 223 Q Any other criticism of her methodology generally? A Some of the studies themselves may have issues	1 2	Page 225 ability to release free radicals contribute to the pathogenic effects of asbestos."
1 2 3	Page 223 Q Any other criticism of her methodology generally? A Some of the studies themselves may have issues with them specifically. But that, I think, is one of	1 2 3	Page 225 ability to release free radicals contribute to the pathogenic effects of asbestos." Do you want me to go on?
1 2 3 4	Page 223 Q Any other criticism of her methodology generally? A Some of the studies themselves may have issues with them specifically. But that, I think, is one of the main problems, if you're trying to present evidence	1 2 3 4	Page 225 ability to release free radicals contribute to the pathogenic effects of asbestos." Do you want me to go on? Q Can you I stop you there? No, I don't. I
1 2 3 4 5	Q Any other criticism of her methodology generally? A Some of the studies themselves may have issues with them specifically. But that, I think, is one of the main problems, if you're trying to present evidence for ovarian carcinogenesis and causation, to select the	1 2 3 4 5	ability to release free radicals contribute to the pathogenic effects of asbestos." Do you want me to go on? Q Can you I stop you there? No, I don't. I just didn't want to cut you off midsentence.
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Robert Kurman, M.D.

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1	A She makes that comment at some point, but then	1	making this analogy comparison.
2	she says they're similar.	2	MS. GARBER: This is a speaking objection.
3	Q She doesn't say they're identical, does she?	3	MR. DEARING: Thank you. You don't need to do
4	A She may not, but she builds her whole case of	4	that.
5	analogy on the fact that they're doing the same thing.	5	MS. AHERN: Well, it was, I think, appropriate
6	Q I think you testified already, you haven't	6	under the circumstances. You are talking past each
7	look at talc fibers under a microscope, have you?	7	other.
8	A I have not.	8	MS. GARBER: It's not appropriate under CMO 11.
9	Q So you don't know whether asbestiform talc	9	You've been doing it all day. You should stop because
10	fibers and asbestos fibers are similar; right?	10	you're breaking the rules.
11	MS. AHERN: Objection. Form.	11	BY MR. DEARING:
12	BY MR. DEARING:	12	Q You don't discuss fibrous tale in your report?
13	Q Similar in morphology.	13	A That's right.
14	MS. AHERN: Objection. Form.	14	Q Is that why you're looking at your report?
15	THE WITNESS: I'm referring to what is easily	15	A I'm looking at my report, yeah.
16	available in the literature, even for a layman who's	16	Q Okay. So do you have an answer to that
17	not a mineralogist	17	question?
18	BY MR. DEARING:	18	A My answer is that talc, as the as is
19	Q Okay.	19	reported in the literature, has been indicated in
20	A that talc and asbestos are very different	20	virtually every study to be different than asbestos.
21	from a structural standpoint. Structure is more	21	Q It is different.
22	important, in fact, than chemistry in causing	22	A I'm not getting into asbestiform or any of
23	biological effects.	23	that stuff.
24	Q I'm not talking about chemistry. I'm talking	24	Q Okay. I don't know if you know the answer to
25	about morphology.	25	this question, but when a scientist is using the
	Daga 227		Page 220
1 .	Page 227		Page 229
1	A Right.	1	Bradford Hill assessment to determine causal
2	Q They're both needle-like fibers. So they're		
		2	association and that scientist is studying analogy, you
3	similar.	3	agree that analogy doesn't mean that the the agents
3 4	similar. A No, they're not.	3 4	agree that analogy doesn't mean that the the agents are identical, but what it means is that they are
3 4 5	similar. A No, they're not. Q They're not similar at all?	3 4 5	agree that analogy doesn't mean that the the agents are identical, but what it means is that they are they have reasonable demonstrable similarities; right?
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58 (Pages 226 to 229)

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	Page 230		Page 232
1	BY MR. DEARING:	1	Q It says:
2	Q You use the analogy of water and hydrogen	2	"In any event, although it is well
3	peroxide as two things that may look similar that are	3	established that asbestos exposure can
4	very different.	4	cause pleural mesothelioma (and much
5	Did you come up with that yourself? Because	5	less commonly lung cancer), the data
6	it's actually been used in two opening statements in	6	implicating asbestos exposure and
7	trials.	7	ovarian cancer is significantly weaker."
8	MS. AHERN: Objection. Form.	8	When you make that statement about ovarian
9	THE WITNESS: Honestly, I have another suggest	9	cancer, you're referring to epidemiological data,
10	it was actually brought up by counsel, and I totally	10	right, when you say "data"?
11	agreed with it. But I actually had other comparisons	11	A Pretty much so, yes.
12	that I could have mentioned, which I didn't.	12	Q So you criticize Dr. Kane for discussing
13	BY MR. DEARING:	13	epidemiology, and then you rely on an epidemiological
14	Q You go on to say in your report that talc	14	study for to support your criticism; right?
15	particles are normally plate-like, unlike asbestos	15	A Well, in order to criticize her
16		16	epidemiological studies, I had to use epidemiological
17	fibers. And I assume you read that somewhere; right? A Yeah, probably in the IARC monograph.	17	studies.
18	Q But you make no mention of fibrous talc. Do	18	Q Okay. But you agree that, as we've already
19		19	
20	you know that fibrous talc exists? MS. AHERN: Objection. Form.	20	seen, the data implicating asbestos exposure and ovarian cancer was strong enough for IARC to make that
21		21	
22	THE WITNESS: I've already commented on the	22	connection; right?
	business of fibrous talc. I'm not going to get into	23	MS. AHERN: Objection. Form.
23	it.		THE WITNESS: We've discussed this earlier, and I
24	BY MR. DEARING:	24	mentioned the various what I felt are shortcomings
25	Q I just want to know if you knew about it.	25	of that analysis, and it's summarized here. Especially
	Page 231		Page 233
1		1	
1 2	A Sure, sure.	1 2	Page 233 when you're comparing it to perineal exposure of talc, we're talking about inhalation studies, we're talking
	A Sure, sure.		when you're comparing it to perineal exposure of talc, we're talking about inhalation studies, we're talking
2	A Sure, sure. Q All I'm asking is if you know whether it	2	when you're comparing it to perineal exposure of talc,
2 3	A Sure, sure. Q All I'm asking is if you know whether it exist.	2 3	when you're comparing it to perineal exposure of talc, we're talking about inhalation studies, we're talking about very high occupational exposures or environmental
2 3 4	A Sure, sure. Q All I'm asking is if you know whether it exist. A I've known it. I've seen it mentioned. Yeah, sure.	2 3 4	when you're comparing it to perineal exposure of talc, we're talking about inhalation studies, we're talking about very high occupational exposures or environmental exposures which are very high. The number of women in
2 3 4 5	 A Sure, sure. Q All I'm asking is if you know whether it exist. A I've known it. I've seen it mentioned. Yeah, sure. Q So you know about it; you just didn't feel the 	2 3 4 5	when you're comparing it to perineal exposure of talc, we're talking about inhalation studies, we're talking about very high occupational exposures or environmental exposures which are very high. The number of women in these studies is very small, and there's a significant
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A Sure, sure. Q All I'm asking is if you know whether it exist. A I've known it. I've seen it mentioned. Yeah, sure. Q So you know about it; you just didn't feel the need to mention it in your report? MS. AHERN: Objection. Form. THE WITNESS: Well, I didn't want to go into all those details because I didn't feel that it was necessary. I thought there was sufficient evidence to indicate that talc, as described in the literature, is different from asbestos described in the literature insofar as the biological effects that the two produce. BY MR. DEARING: Q In your report on page 14, you state "In any event, although it is well established that" A Wait, wait, wait. I see Dr. Kane's claim. Are we worried about that? Where are we? Q Right. It's about one, two, three, four five lines down from the top, starting "in any event." A Oh. Top photograph.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	when you're comparing it to perineal exposure of talc, we're talking about inhalation studies, we're talking about very high occupational exposures or environmental exposures which are very high. The number of women in these studies is very small, and there's a significant chance that these tumors were not carcinomas but mesotheliomas. BY MR. DEARING: Q So several times you keep saying occupational exposure and that exposure was very high. But if you don't believe asbestos can cause ovarian cancer, why does it matter how high the exposure is? A Well, certain thresholds are required for certain things. Q Do you think if there's enough ovarian exposure to asbestos, that it might cause ovarian cancer? A I'm saying that's maybe why they came to that conclusion. They're looking at huge exposures. And, yeah, that may be very significant as opposed to a very minimal exposure. Q Of course, when Dr. Kane made the observation

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Page 236 Page 234 1 A I'd have to look at her report, what those two 1 pathologists that are referred to in these studies were 2 studies are. 2 inexperienced? 3 Q I actually don't have her report. I'm sorry. 3 A One of the studies that they're describing, 4 4 they describe using the Danish Cancer Registry, and I A I can't comment. Q Well, would you agree with me that high-grade 5 5 have, in fact, done studies with the Danish Cancer 6 6 serous carcinoma and mesothelioma, although not Registry. And they report a certain disagreement. I 7 7 identical, they do have significant morphologic think I came up with 16 percent or something like that. 8 similarities? 8 And I said, well, maybe it could even be as high as 9 MS. AHERN: Objection. Form. 9 20 percent. 10 10 THE WITNESS: Lots of tumors have similar Well, you have to understand how these 11 morphologic similarities. 11 registry studies are done, at least in Denmark where I 12 12 BY MR. DEARING: have direct personal experience. These -- the data 13 13 Q Well, those two are so close that pathologists that comes in are from every hospital throughout the 14 might have mistaken one for the other for years before 14 country of Denmark, and it's based on pathology 15 15 records, for the most part. histopathologic stains were improved eight years ago. 16 16 A I think, if you weren't an expert in When we did our studies of ovarian tumors, 17 17 gynecologic pathology, that may have been -- that may borderline tumors, we requested that the slides be sent 18 have been an issue. 18 in. And they probably did something like that in one 19 19 Q So are you agreeing me that they're of those studies. And I can tell you that in our 20 pathologically similar enough to where experienced 20 studies, looking at those cases that had been 21 surgical pathologists may have been diagnosing ovarian 21 classified -- I'm talking about the borderline 2.2 cancer when it was mesothelioma or vice versa? 22 studies -- there was significant disagreement because 23 23 A No. You said -- I said experienced those pathologists weren't that skilled. They just 24 pathologists probably would not have that problem. 24 didn't see enough of these rather uncommon cases to 25 25 Inexperienced pathologists might have that problem. make the correct diagnosis. Page 235 Page 237 1 O Well, let's quote it exactly, on page 14. You 1 And I suspect a similar thing may have 2 2 state in the last sentence or so of the first paragraph happened with these mesotheliomas. Mesotheliomas are 3 "Finally, from a pathology standpoint" --3 relatively uncommon. Little hospitals throughout 4 A Wait, wait. I don't see -- where's "finally"? 4 Denmark may be seeing one mesothelioma, you know, every 5 Q Last sentence, Doctor. You're way below it. 5 five years. So they don't have that much experience. 6 6 First paragraph. So they may have misclassified them. They may be 7 7 A Oh, the first paragraph. higher than the 16 percent that they refer to. 8 8 Q Top paragraph. That's what I was getting at. 9 "Finally." I see it. 9 Q So the bottom line is you're speculating that 10 Q Okay. 10 some of these pathologists may have misdiagnosed 11 "Finally, from a pathology 11 mesotheliomas for ovarian carcinomas? 12 standpoint, there is a significant 12 MS. AHERN: Objection. Form. 13 likelihood that some tumors observed in 13 THE WITNESS: I'm basing it on my own experience. 14 these occupational studies, which are 14 Not with mesothelioma, but with the Danish tumor 15 quite dated, were misclassified due to 15 registry, with cases seen by nonexpert pathologists 16 misreporting on death certificates and 16 sending in to a central review that there is -- there 17 lack of immunohistochemical analysis to 17 was misclassification, yes. 18 adequately distinguish peritoneal 18 BY MR. DEARING: 19 19 mesothelioma from ovarian cancer (i.e., Q So this is a court proceeding, and in court 20 peritoneal mesotheliomas were 20 we're interested in evidence. And do you have any 21 misdiagnosed as ovarian carcinomas)." 21 evidence that these pathologists in this study that 22 So by acknowledging that the pathologists may 22 you're referring to likely misdiagnosed ovarian 23 have misdiagnosed those tumors but then saying but not 23 carcinomas for mesotheliomas? 24 an experienced -- an experienced pathologist wouldn't MS. AHERN: Objection. Form. 24 25 make that mistake, are you saying that all the 25 THE WITNESS: I said there's a significant

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1	possibility. I didn't say likelihood.	1	Last sentence of the first paragraph.
2	BY MR. DEARING:	2	A Yes.
3	Q What are you basing that on other than you	3	Q Actually, that's not it. Wait a minute.
4	said well, you're basing that on your experience	4	On the next page, second sentence, page 16.
5	with Denmark?	5	You say, "Foreign-body granulomas are what you would
6	A Well, I can yes, my experience with Denmark	6	expect to find in tissue exposed to noninfectious
7	and the Danish tumor registry.	7	material like talc and surgical gloves"; right?
8	Q Okay. Would you agree with me that the fact	8	A Sutures.
9	that skilled surgical pathologists might be confusing	9	Q I'm sorry, surgical sutures.
10	ovarian cancers with mesothelial cancers or	10	And for support of that statement, you cite to
11	mesotheliomas, it suggests that those cancers are	11	a study by Dr. Kabeer Shah in the Journal of Clinical
12	sufficiently similar to meet the analogy consideration	12	Tuberculosis and Other Mycobacterial Diseases; right?
13	of Bradford Hill?	13	A Let me see. That's 108. That doesn't seem to
14	MS. AHERN: Objection. Form.	14	be the right reference. Hmm. Oh, 106. Sorry. No,
15	THE WITNESS: As I said, a skilled gynecologic	15	106 doesn't seem to be correct either.
16	pathologist, I don't think, would make that mistake. I	16	Am I looking at the wrong part?
17	think some of those misclassifications are due to	17	Shah here. It should be 95, the reference.
18	nonskilled pathologists who don't see that much. And,	18	MS. AHERN: I think he's referring to your
19	therefore, mesothelioma and malignant mesothelioma	19	footnote.
20	and high-grade serous carcinoma can be distinguished	20	THE WITNESS: Could you please repeat your question
21	morphologically and aided also with immunized	21	and tell me what you're referring to exactly.
22	chemistry.	22	BY MR. DEARING:
23	BY MR. DEARING:	23	Q Sure. With regard to your statement,
24	Q Sure. I'm not saying they can't be	24	"Foreign-body granulomas are what you would expect to
25	distinguished. They clearly can be. My question is	25	find in tissue exposed to noninfectious material like
	Page 239		Page 241
1	the fact that these surgeons were confusing them for	1	talc and surgical sutures," and you say footnote 108 to
2	years, apparently, doesn't that rise to the level of	2	support that statement; right?
3	analogy for purposes of a Bradford Hill causal	3	A Shah, yes.
4	association analysis?	4	Q Right. You go down to footnote 108, that's
5	MS. AHERN: Objection. Form.	5	the Shah study?
6	THE WITNESS: You mean pathologists, not surgeons.	6	A Right.
7	Pathologists.	7	Q Okay. I'm handing you the Shah study that I
8	BY MR. DEARING:	8	believe you're referring to.
9	Q Pathologists, right.	9	MR. DEARING: Anybody else want a copy?
10	A I don't think it rises to the level necessary	10	I'm going to mark it as Exhibit Number 8.
11	to really prove that there's analogy.	11	MS. AHERN: Thank you.
12	Q You also take exception to Dr. Kane's	12	MR. DEARING: Will you give him the marked one so
	Q You also take exception to Dr. Kane's recitation of the evidence that talc-induced chronic	13	MR. DEARING: Will you give him the marked one so we can be proper about this.
12	•		
12 13	recitation of the evidence that tale-induced chronic	13	we can be proper about this.
12 13 14	recitation of the evidence that talc-induced chronic inflammation can cause ovarian cancer; right? A Are we on a specific page of my report or her	13 14	we can be proper about this. MS. AHERN: Yeah.
12 13 14 15	recitation of the evidence that talc-induced chronic inflammation can cause ovarian cancer; right? A Are we on a specific page of my report or her report?	13 14 15	we can be proper about this. MS. AHERN: Yeah. (The document referenced below was marked Deposition Exhibit 8 for
12 13 14 15 16	recitation of the evidence that talc-induced chronic inflammation can cause ovarian cancer; right? A Are we on a specific page of my report or her	13 14 15 16	we can be proper about this. MS. AHERN: Yeah. (The document referenced below was
12 13 14 15 16	recitation of the evidence that talc-induced chronic inflammation can cause ovarian cancer; right? A Are we on a specific page of my report or her report? Q Sure. It's just the next section. "Talc-induced chronic inflammation is a cause of	13 14 15 16 17	we can be proper about this. MS. AHERN: Yeah. (The document referenced below was marked Deposition Exhibit 8 for identification and is appended hereto.) BY MR. DEARING:
12 13 14 15 16 17	recitation of the evidence that talc-induced chronic inflammation can cause ovarian cancer; right? A Are we on a specific page of my report or her report? Q Sure. It's just the next section. "Talc-induced chronic inflammation is a cause of ovarian cancer."	13 14 15 16 17 18	we can be proper about this. MS. AHERN: Yeah. (The document referenced below was marked Deposition Exhibit 8 for identification and is appended hereto.) BY MR. DEARING: Q Is that the study that you relied on for that
12 13 14 15 16 17 18 19 20	recitation of the evidence that talc-induced chronic inflammation can cause ovarian cancer; right? A Are we on a specific page of my report or her report? Q Sure. It's just the next section. "Talc-induced chronic inflammation is a cause of ovarian cancer." A Okay. All right. Okay.	13 14 15 16 17 18 19 20	we can be proper about this. MS. AHERN: Yeah. (The document referenced below was marked Deposition Exhibit 8 for identification and is appended hereto.) BY MR. DEARING: Q Is that the study that you relied on for that statement?
12 13 14 15 16 17 18 19 20 21	recitation of the evidence that talc-induced chronic inflammation can cause ovarian cancer; right? A Are we on a specific page of my report or her report? Q Sure. It's just the next section. "Talc-induced chronic inflammation is a cause of ovarian cancer." A Okay. All right. Okay. Q We've already had a lengthy conversation about	13 14 15 16 17 18 19 20 21	we can be proper about this. MS. AHERN: Yeah. (The document referenced below was marked Deposition Exhibit 8 for identification and is appended hereto.) BY MR. DEARING: Q Is that the study that you relied on for that statement? A Yes.
12 13 14 15 16 17 18 19 20 21	recitation of the evidence that talc-induced chronic inflammation can cause ovarian cancer; right? A Are we on a specific page of my report or her report? Q Sure. It's just the next section. "Talc-induced chronic inflammation is a cause of ovarian cancer." A Okay. All right. Okay. Q We've already had a lengthy conversation about foreign-body granulomas and foreign-body responses.	13 14 15 16 17 18 19 20 21 22	we can be proper about this. MS. AHERN: Yeah. (The document referenced below was marked Deposition Exhibit 8 for identification and is appended hereto.) BY MR. DEARING: Q Is that the study that you relied on for that statement? A Yes. Q And this study is entitled "Histopathologic
12 13 14 15 16 17 18 19 20 21	recitation of the evidence that talc-induced chronic inflammation can cause ovarian cancer; right? A Are we on a specific page of my report or her report? Q Sure. It's just the next section. "Talc-induced chronic inflammation is a cause of ovarian cancer." A Okay. All right. Okay. Q We've already had a lengthy conversation about	13 14 15 16 17 18 19 20 21	we can be proper about this. MS. AHERN: Yeah. (The document referenced below was marked Deposition Exhibit 8 for identification and is appended hereto.) BY MR. DEARING: Q Is that the study that you relied on for that statement? A Yes.

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1	inflammation might be associated with talc, surgical	1	MS. AHERN: Objection. Form.
2	sutures, and food material?	2	BY MR. DEARING:
3	A Are you reading something specifically that I	3	Q And in your years of experience, you've never
4	should be looking at?	4	observed well, let me ask you, have you ever
5	Q Well, sure. On page 3	5	observed a surgical suture in gynecologic
6	A Okay.	6	A Oh, yes.
7	Q about a little over midway down the	7	Q material?
8	left-hand column	8	A Yeah.
9	A All right.	9	Q And did they form granulomatous reactions
10	Q it starts "Two broad forms."	10	A Yes.
11	A Yes.	11	Q or granulomas?
12	Q And we talked about these already.	12	A Yes.
13	A Right.	13	Q You can actually see surgical sutures and
14	Q "Two broad forms of well-defined granuloma	14	granulomas with the naked eye, can't you?
15	exist, defined by their etiology." There's that word	15	A You can actually see them with the naked eye,
16	again.	16	that's right.
17	Do you know how he is using the word	17	Q That's because surgical sutures are quite
18	"etiology" in that sentence?	18	large compared to talc particles, aren't they?
19	A Yeah. He's dividing them into those that are	19	MS. AHERN: Objection. Form.
20	foreign-body giant cell granulomas and immune	20	BY MR. DEARING:
21	granulomas. That's all I can make out of it.	21	Q Well, let me ask you
22	Q So okay. And he says, "Foreign-body giant	22	THE WITNESS: I would think so, yes.
23	cells are histiocytic reactions to otherwise inert	23	BY MR. DEARING:
24	material without an adaptive immune response, for	24	Q Based on Dr. McDonald's study we've already
25	example, suture, talc, and food material"; right?	25	looked at
	Page 243		Page 245
1	A Yep.	1	A Right.
2	Q "A collection of histiocytes	2	Q If the average size of a talc particle in
3	surround the foreign material and as	3	gynecologic tissue that they've studied is in the 5- to
4	single histiocytes are unable to	4	10-micron range, a typical surgical suture is probably
5	phagocytize the foreign material alone.	5	a thousand times larger than that; right?
6	The foreign material" I'm sorry.	6	A Sure, it's larger. Sure.
7	"The foreign material can be visualized	7	Q Not just larger, a thousand times larger?
8	by light microscopy and often exhibits	8	MS. AHERN: Objection. Form.
9	birefringence using polarized light."	9	THE WITNESS: I don't know if it's a thousand or
10	So histiocytes are macrophages; right?	10	500 or 200 or what. Larger.
11	A Right.	11	BY MR. DEARING:
12	Q Okay. So what he's saying there is that these	12	Q Well, by reference, would you agree that a
13	giant cells form when macrophages alone cannot engulf	13	human hair is about 80 to 100 microns in diameter?
14	the particle; right?	14	A I honestly have never measured. I don't know.
15	A Well, when a single, I think, macrophage	15	Q Does that seem unreasonable? I looked it up.
16	can't, so they join forces to encompass this larger	16	A You looked it up. I haven't looked it up, so
		17	I don't
17	material.		0 01
17 18	Q So when the material is too big for a single	18	Q Okay.
17 18 19	Q So when the material is too big for a single macrophage to phagocytize which means to ingest;	19	A Since I'm under oath, I don't want to say
17 18 19 20	Q So when the material is too big for a single macrophage to phagocytize which means to ingest; right?	19 20	A Since I'm under oath, I don't want to say something that may not be true.
17 18 19 20 21	Q So when the material is too big for a single macrophage to phagocytize which means to ingest; right? A Right.	19 20 21	A Since I'm under oath, I don't want to say something that may not be true. Q Okay. Well, I'm just trying to add context to
17 18 19 20 21 22	Q So when the material is too big for a single macrophage to phagocytize which means to ingest; right? A Right. Q So if the particle is too big for the	19 20 21 22	A Since I'm under oath, I don't want to say something that may not be true. Q Okay. Well, I'm just trying to add context to what a micron is in size.
17 18 19 20 21 22 23	Q So when the material is too big for a single macrophage to phagocytize which means to ingest; right? A Right. Q So if the particle is too big for the macrophage to ingest alone, more macrophages join in,	19 20 21 22 23	A Since I'm under oath, I don't want to say something that may not be true. Q Okay. Well, I'm just trying to add context to what a micron is in size. So we're talking about granulomatous responses
17 18 19 20 21 22	Q So when the material is too big for a single macrophage to phagocytize which means to ingest; right? A Right. Q So if the particle is too big for the	19 20 21 22	A Since I'm under oath, I don't want to say something that may not be true. Q Okay. Well, I'm just trying to add context to what a micron is in size.

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	Page 246		Page 248
1	a thousand times bigger than a talc particle; right?	1	in this study?
2	MS. AHERN: Objection. Form.	2	MS. AHERN: Objection. Form.
3	THE WITNESS: We didn't agree on your the	3	THE WITNESS: As I recall
4	decision that they're a thousand times but they're	4	BY MR. DEARING:
5	larger. Let's put it that way.	5	Q Or any gynecologic tissue, for that matter?
6	BY MR. DEARING:	6	A Not specifically.
7	Q Well, you can't see a 5-micron talc particle	7	MS. AHERN: Objection. Form.
8	with the naked eye, can you?	8	BY MR. DEARING:
9	A No.	9	Q When he discusses reactions to tale, he's
10	Q But you can see a surgical suture with the	10	referring to lung tissue that has trapped large talc
11	naked eye?	11	particles or clusters of particles by either inhalation
12	A Yeah. But I can't extrapolate from that that	12	or surgical pleurodesis; right?
13	it's a thousand times larger. That's all I'm saying.	13	MS. AHERN: Objection. Where are you reading from?
14	Q Right. It's probably bigger than that, but	14	In the Shah article?
15	the point is made.	15	MR. DEARING: Yeah.
16	So when Dr. Shah suggested talc might elicit a	16	BY MR. DEARING:
17	granulomatous response, he's referring to very large	17	Q In the beginning, he describes the organs that
18	talc particles, not small 5-micron particles or large	18	he's considering.
19	clusters of particles; right?	19	MS. AHERN: I'm sorry. The abstract?
20	MS. AHERN: Objection. Form.	20	MR. DEARING: Maybe.
21	BY MR. DEARING:	21	BY MR. DEARING:
22	Q Do you not have an answer to that?	22	Q Yeah. "The pulmonary system is one of the
23	A Oh, I'm sorry. I missed it. What was your	23	most commonly affected sites to encounter granulomatous
24	question?	24	inflammation."
25	Q So when Dr. Shah is suggesting that talc might	25	A Okay.
	5 045		
	Page 247		Page 249
1	elicit a granulomatous response, he's referring to very	1	Q Okay. But the point is he doesn't talk about
2	elicit a granulomatous response, he's referring to very large talc particles, like industrial grade, not	2	Q Okay. But the point is he doesn't talk about any gynecologic tissue in his response to talc in this
2	elicit a granulomatous response, he's referring to very large talc particles, like industrial grade, not cosmetic-grade particles that are 5 microns?	1	Q Okay. But the point is he doesn't talk about any gynecologic tissue in his response to talc in this study; right?
2 3 4	elicit a granulomatous response, he's referring to very large talc particles, like industrial grade, not cosmetic-grade particles that are 5 microns? MS. AHERN: Okay.	2 3 4	Q Okay. But the point is he doesn't talk about any gynecologic tissue in his response to talc in this study; right? A I guess it's because it's so rare.
2 3 4 5	elicit a granulomatous response, he's referring to very large talc particles, like industrial grade, not cosmetic-grade particles that are 5 microns? MS. AHERN: Okay. BY MR. DEARING:	2 3 4 5	Q Okay. But the point is he doesn't talk about any gynecologic tissue in his response to talc in this study; right? A I guess it's because it's so rare. Q Well, you're using a study to support the
2 3 4 5 6	elicit a granulomatous response, he's referring to very large talc particles, like industrial grade, not cosmetic-grade particles that are 5 microns? MS. AHERN: Okay. BY MR. DEARING: Q Or large clusters of particles, he might be	2 3 4 5 6	Q Okay. But the point is he doesn't talk about any gynecologic tissue in his response to talc in this study; right? A I guess it's because it's so rare. Q Well, you're using a study to support the statement that foreign-body granulomas will form in
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63 (Pages 246 to 249)

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	Page 250		Page 252
1	Q Right. But my point is he includes a	1	presumably those of Dr. McDonald's study as well,
2	photomicrograph of that happening just like	2	macrophages can adequately sequester smaller talc
3	Dr. McDonald, Godleski, Welch, that group did in that	3	particles; right?
4	study that we went over a little while ago; right?	4	A Well, yeah. And they present that in the
5	MS. AHERN: Objection. Form. Mischaracterizes the	5	article. These are foreign-body granulomas that you're
6	paper.	6	seeing here. These collections of all of them
7	THE WITNESS: Perhaps so.	7	together form a foreign-body granuloma.
8	BY MR. DEARING:	8	Q But they're described as macrophages.
9	Q Can you tell from looking at this	9	A Yeah, but the macrophages form the granuloma.
10	photomicrograph whether talc particles are being	10	Q Only when they connect; right?
11	engulfed by macrophages?	11	A No, when they lump together.
12	A On the H&E slide, I can see it, yes.	12	Q Right.
13	Q So you believe that that's being accurately	13	A You can see it says "foreign-body giant cell
14	described?	14	reaction within long alveoli with macrophages engulfing
15	A I can see it, yes. I couldn't see it in that	15	inhaled talc."
16	other paper.	16	So the macrophages inhale the talc or
17	Q Okay. So on page 20 of your report, you	17	phagocytize it. And as they come together, they form a
18	criticize Dr. Kane for discussing parts of the body	18	foreign-body giant cell.
19	that is unrelated to ovarian carcinogenesis, yet	19	MS. GARBER: I'm just going to object to Ms. Ahern
20	A What are you referring to now? What	20	pointing out to the doctor where to look during his
21	paragraph?	21	testimony. I request that she stop doing that. It's
22	Q Anyway and if I'm remembering this wrong,	22	also violating the rules.
23	feel free to correct me; it's your report. But I seem	23	MS. AHERN: Well, he's asking about that. I just
24	to recall that you were criticizing Dr. Kane for using	24	simply pointed him to what he was asking him about.
25	studies that didn't pertain to gynecologic tissue, they	25	MS. GARBER: You pointed him to where he needed to
	Page 251		Page 253
1	weren't gynecology studies, to support one of her	1	look to answer the question, so please stop doing that.
2	propositions.	2	MS. AHERN: Well, the question was misleading. I'm
3	Do you remember criticizing her for that?		
	Do you remember criticizing her for that:	3	trying to assume that macrophages are different from
4	MS. AHERN: Objection. Form.	3 4	trying to assume that macrophages are different from foreign-body reaction.
4 5			
	MS. AHERN: Objection. Form.	4	foreign-body reaction.
5	MS. AHERN: Objection. Form. THE WITNESS: I know you're having a problem, but	4 5	foreign-body reaction. MR. DEARING: Okay. Well, make an objection.
5 6	MS. AHERN: Objection. Form. THE WITNESS: I know you're having a problem, but I that came up different places, so I'd like to see	4 5 6	foreign-body reaction. MR. DEARING: Okay. Well, make an objection. Don't coach the witness. Okay. Just make an
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	Page 254		Page 256
1	can also release reactive oxygen species and reactive	1	starts "Rarely."
2	nitrogen species when they deteriorate?	2	Do you see that?
3	MS. AHERN: Objection. Form.	3	A Yeah. Uh-huh.
4	THE WITNESS: Yes, they can.	4	Q It says:
5	BY MR. DEARING:	5	"Rarely talc or another foreign
6	Q Have you taught medical students as part of	6	substance may elicit a foreign-body
7	your career?	7	reaction in the endometrium. Talc may
8	A Yes.	8	be introduced into the endometrial
9	Q What did you teach medical students with	9	cavity by instruments contaminated with
10	regard to whether size of foreign particles in any way	10	talc powder or by gloves during a pelvic
11	determines the type of foreign-body reaction to it?	11	exam. Patients may be asymptomatic or
12	MS. AHERN: Objection. Form.	12	may have menorrhagia."
13	THE WITNESS: I don't think I ever taught them	13	Did I pronounce that right?
14	anything about that.	14	A Uh-huh.
15	BY MR. DEARING:	15	Q "Microscopically, the extent of
16	Q Well, you certainly taught them about	16	the granulomatous inflammatory reaction
17	macrophages and giant cell granulomas; right?	17	depends on the quantity of the talc
18	MS. AHERN: Objection. Form.	18	inoculated. The infiltrate is
19	THE WITNESS: Actually, I don't think I did.	19	characterized by histiocytes and
20	BY MR. DEARING:	20	foreign-body multinucleated giant cells
21	Q Okay. Something else you wrote in Blaustein's	21	surrounding the talc crystals along with
22	fourth edition	22	lymphocytes and plasma cells. The
23	Tell you what. Can we take about a	23	crystals appear as refractile,
24	five-minute break?	24	birefringent, needle-like, or fan-shaped
25	THE WITNESS: Sure.	25	splinters in polarizing light."
	Page 255		Page 257
1	VIDEO OPERATOR BROWN: Time is now 4:05. Going off	1	So two things I want to draw out of that
2	the record.	2	paragraph.
3	(Recess taken.)	3	The first is, you say, "Microscopically, the
4	VIDEO OPERATOR BROWN: Okay. Time is now 4:20.	4	extent of the granulomatous inflammatory reaction
5	Back on the record.	5	depends on the quantity of the talc inoculated."
6	(The document referenced below was		
	4 4 - 11 - 441 6 6	6	So what you're saying there, right, is that
7	marked Deposition Exhibit 9 for	7	So what you're saying there, right, is that the type of foreign-body reaction the body exerts
8	identification and is appended hereto.)	7 8	So what you're saying there, right, is that the type of foreign-body reaction the body exerts towards talc depends on how much talc is there or the
8 9	identification and is appended hereto.) BY MR. DEARING:	7 8 9	So what you're saying there, right, is that the type of foreign-body reaction the body exerts towards talc depends on how much talc is there or the size of the particles; right?
8 9 10	identification and is appended hereto.) BY MR. DEARING: Q Doctor, I'm showing you a portion of	7 8 9 10	So what you're saying there, right, is that the type of foreign-body reaction the body exerts towards talc depends on how much talc is there or the size of the particles; right? MS. AHERN: Objection. Form.
8 9 10 11	identification and is appended hereto.) BY MR. DEARING: Q Doctor, I'm showing you a portion of Blaustein's Pathology of the Female Genital Tract,	7 8 9 10 11	So what you're saying there, right, is that the type of foreign-body reaction the body exerts towards talc depends on how much talc is there or the size of the particles; right? MS. AHERN: Objection. Form. THE WITNESS: Not the type, the extent.
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	Page 258		Page 260
1	Q Okay. But the extent of the granulomatous	1	A Are you asking for the specific risk factors
2	response depends on the quantity of the talc present in	2	of ovarian cancer or just in general?
3	the tissue; right?	3	Q In general, what do you mean by "risk
4	A Right.	4	factors," the term?
5	Q The other thing I wanted to draw out of that	5	A A factor that increases the risk of someone
6	is that the when you say, "The crystals appear as	6	developing cancer.
7	refractile, birefringent, needle-like, or fan-shaped	7	Q What are the recognized risk factors for
8	splinters in polarizing light," you're talking about	8	ovarian cancer?
9	talc crystals; right?	9	MS. AHERN: Objection. Form.
10	A Yes.	10	THE WITNESS: Well, it's a little bit of a
11	Q So if they're needle-like, are you referring	11	complicated question in that different people have
12	to talc fibers?	12	different opinions as to does is there enough data
13	MS. AHERN: Objection. Form.	13	to suggest that this particular factor rises to the
14	THE WITNESS: Talc.	14	level of a risk factor. Some say, "Oh, yes, it does."
15	BY MR. DEARING:	15	Others say, "Well, it isn't."
16	Q So you're acknowledging that talc can have	16	So there are these associations which some
17	needle-like morphology?	17	like to consider risk factors and some that don't.
18	A Yeah.	18	Some are much stronger than others.
19	MS. AHERN: Objection. Form.	19	BY MR. DEARING:
20	THE WITNESS: Yes.	20	Q Can you specifically identify what you think
21	BY MR. DEARING:	21	are maybe the three strongest risk factors for ovarian
22	Q By the way, while we're on it, the fourth	22	cancer?
23	edition of Blaustein's and I don't have the book,	23	A Well, family history, I think, is a strong
	but it actually identifies talc as a risk factor for	24	Tallint
24	but it actually identifies tale as a fisk factor for	24	one. I think genetic history in terms of specifically
24 25	ovarian cancer; doesn't it?	25	BRCA mutations is a very strong one. And I think kind
	ovarian cancer; doesn't it?		BRCA mutations is a very strong one. And I think kind Page 261
25	ovarian cancer; doesn't it? Page 259	25	BRCA mutations is a very strong one. And I think kind Page 261 of a negative risk factor would be the use of birth
25	ovarian cancer; doesn't it? Page 259 A As a what, risk factor? Q For ovarian cancer.	25 1	BRCA mutations is a very strong one. And I think kind Page 261 of a negative risk factor would be the use of birth control pills.
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66 (Pages 258 to 261)

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Robert Kurman, M.D.

	Page 262		Page 264
1	BY MR. DEARING:	1	(The document referenced below was
2	Q I understand. But the overwhelming majority	2	marked Deposition Exhibit 10 for
3	of pleurodesis procedures are used in malignant	3	identification and is appended hereto.)
4	end-stage diseases?	4	BY MR. DEARING:
5	MS. AHERN: Objection. Form.	5	Q This is publication in the ATS in the
6	THE WITNESS: It is certainly used in malignant	6	American Journal of Respiratory and Critical Care
7	conditions, but I don't know about the overwhelming	7	Medicine by Dr. Ghio and Victor Roggli.
8	majority of them.	8	Do you know Dr. Roggli?
9	BY MR. DEARING:	9	A No, I don't.
10	Q Would you agree that the pleurodesis patients	10	Q Well, Dr. Roggli is a pathologist and
11	who are getting pleurodesis because of an end-stage	11	microscopist who has spent a career studying asbestos
12	malignancy typically don't live long enough to study	12	and mesothelioma and particularly quantifying asbestos
13	the long-term effects of the talc pleurodesis on them?	13	burden in lung tissue.
14	A That's probably true.	14	Does that sound familiar? You haven't heard
15	Q And also the talc used in talc pleurodesis is	15	about him?
16	a different grade of purity than the talc used in body	16	A I don't know him, no.
17	powders; right?	17	Q Okay. Well, do you agree with me that the
18	MS. AHERN: Objection. Form.	18	next-to-the-last sentence I'm sorry, I mean the
19	THE WITNESS: Again, I wasn't going to get into the	19	last sentence of the first paragraph reads well, the
20	issue of how much is in there and what the purity is	20	title the title of this paper is "Talc Should Not Be
21	and all that. I defer to a mineralogist.	21	Used for Pleurodesis in Patients with Nonmalignant
22	BY MR. DEARING:	22	Pleural Effusions." And Drs. Ghio and Roggli state
23	Q And, typically, a pleurodesis procedure is	23	that:
24	a is a one-time administration of a heavy volume of	24	"This dilemma results from a
25	talc as opposed to a slow trickle of chronic exposure;	25	possible increased risk of malignant
	Page 263		Page 265
1	right?	1	mesothelioma in those patients treated
2	MS. AHERN: Objection. Form.	2	with talc. Consequently, an alternative
3	THE WITNESS: Heavy volume, yes. A lot it is put	3	agent should be employed in any
4	in there.	4	additional" I'm sorry "in any
5	BY MR. DEARING:	5	individual without malignancy requiring
6	Q It's actually tale slurry that's introduced	6	pleurodesis."
7	into the pleural cavity; right?	7	Then he also cites a reference of case reports
8	MS. AHERN: Objection. Form.	8	of malignant mesothelioma after occupational exposure
9	THE WITNESS: Yes, that's correct.	9	to talc would suggest a possible a potential
10	BY MR. DEARING:	10	association.
11	Q Do you agree with me that there are scientists	11	So do you agree with me that, at least
12	and physicians that advise against using talc for	12	according to this paper, Drs. Ghio and Dr. Roggli
		1	
13	pleurodesis with patients with nonmalignant pleural	13	advise against using talc for pleurodesis in patients
13 14	pleurodesis with patients with nonmalignant pleural effusions?	13 14	advise against using talc for pleurodesis in patients with nonmalignant plural effusions?
13 14 15	pleurodesis with patients with nonmalignant pleural effusions? MS. AHERN: Objection. Form.	13 14 15	advise against using talc for pleurodesis in patients with nonmalignant plural effusions? MS. AHERN: Objection. Form.
13 14 15 16	pleurodesis with patients with nonmalignant pleural effusions? MS. AHERN: Objection. Form. THE WITNESS: I've read that there's a controversy,	13 14 15 16	advise against using talc for pleurodesis in patients with nonmalignant plural effusions? MS. AHERN: Objection. Form. THE WITNESS: Well, that's what they say. They do
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13 14 15 16 17 18 19 20 21 22	pleurodesis with patients with nonmalignant pleural effusions? MS. AHERN: Objection. Form. THE WITNESS: I've read that there's a controversy, some saying it shouldn't be done and some say it's no problem. BY MR. DEARING: Q You think that the split is about 50-50, those in favor and those who warn against it? A Can't tell. I don't know what the split is.	13 14 15 16 17 18 19 20 21	advise against using talc for pleurodesis in patients with nonmalignant plural effusions? MS. AHERN: Objection. Form. THE WITNESS: Well, that's what they say. They do say that the dilemma is in this last two sentences above the first paragraph, they say the dilemma about using it for nonmalignant pleural effusions results from a possible increased risk of malignant mesothelioma in those patients treated with talc. BY MR. DEARING:
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13 14 15 16 17 18 19 20 21 22	pleurodesis with patients with nonmalignant pleural effusions? MS. AHERN: Objection. Form. THE WITNESS: I've read that there's a controversy, some saying it shouldn't be done and some say it's no problem. BY MR. DEARING: Q You think that the split is about 50-50, those in favor and those who warn against it? A Can't tell. I don't know what the split is.	13 14 15 16 17 18 19 20 21	advise against using talc for pleurodesis in patients with nonmalignant plural effusions? MS. AHERN: Objection. Form. THE WITNESS: Well, that's what they say. They do say that the dilemma is in this last two sentences above the first paragraph, they say the dilemma about using it for nonmalignant pleural effusions results from a possible increased risk of malignant mesothelioma in those patients treated with talc. BY MR. DEARING:

67 (Pages 262 to 265)

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Robert Kurman, M.D.

	Page 266		Page 268
1	that talc could cause lung cancers; right?	1	A First paragraph. Okay.
2	A Mesotheliomas. I'm sorry. Malignant	2	Q Second sentence.
3	mesothelioma. We should distinguish carcinoma from	3	A Second sentence. Okay. "She has produced a
4	mesothelioma.	4	lengthy report"?
5	Q All right.	5	Q I'm sorry. Third sentence. "Dr. Kane opines
6	A He says that at the end. And I do believe	6	that"
7	I think I'd have to double-check, but I think there	7	A "That" okay.
8	was a letter to the editor from someone who had written	8	Q "genital talcum powder exposure can cause
9	extensively on pleurodesis who said oh, it's Light.	9	ovarian cancer based on her evaluation of
10	Yeah, Light. References Number 2, Light, RW.	10	epidemiological, pathological, biological, and
11	Do you see that one	11	mechanistic evidence."
12	Q Yes.	12	Is it your testimony that there is no
13	A in his list of references?	13	pathological, biological, and mechanistic evidence to
14	Well, there's a letter to the editor by Light	14	support the assertion that talc exposure can cause
15	who says I don't agree with that, that they shouldn't	15	ovarian cancer?
16	be using talc for pleurodesis in patients with	16	MS. AHERN: Objection. Form.
17	malignant conditions nonmalignant conditions because	17	THE WITNESS: That's correct. I haven't seen that
18	there's never been a reported case of mesothelioma in	18	evidence.
19	patients with benign diseases treated with pleurodesis.	19	BY MR. DEARING:
20	Q Light	20	Q Further down in the third paragraph, about
21	A And Light has written a lot of that as well.	21	halfway, it says:
22	Q Right. Doesn't his paper say talc should not	22	"Dr. Kane does not identify any
23	be used for pleurodesis in that cite?	23	studies linking the use of talc-based
24	A No, I thought he	24	body powders to the known genetic
25	Q Look at Light cite Number 2.	25	alterations associated with the various
	Page 267		Page 269
1	A I think maybe it's an issue, but he and	1	histologic subtypes of ovarian cancer.
2	very specifically did we I thought I put that in	2	And, indeed, I am aware of no such
3	there. I'd have I'd have to look for the reference.	3	studies."
4	Q Okay.	4	Would you agree me that many of the
5	A But I definitely remember a letter to the	5	epidemiologic studies do assess or analyze the data or
6	editor responding to this saying I have never seen it;	6	divide the data based on exposure and different
7	it's never been reported in the literature; so I would	7	histological subtypes of ovarian cancer?
8	disagree with the fact that it shouldn't that	8	MS. AHERN: Objection. Form.
9	pleurodesis with talc should not be used. I'll be able	9	THE WITNESS: They do, and they're pretty
10	to find it.	10	inconsistent, yes.
11	Q You also have a section in your report about	11	BY MR. DEARING:
12	precursor lesions. Here it is, page 6.	12	Q And when you say "I'm aware of no such
13	A Page 6 of my report.	13	studies," are you referring to studies that demonstrate
14	Q Right. I'm sorry. If would you turn to	14	genetic alterations of cells exposed to talc?
15	page 12.	15	MS. AHERN: Objection. Form.
16	A 12.	16	THE WITNESS: I'm saying that there are certain
17	Q 12.	17	genetic alterations that are involved with the with
18	A Okay.	18	carcinogenesis of the different types high-grade
	Q In the first paragraph, second sentence, you	19	serous, low-grade and endometrial clear cell and I'm
19		20	not aware of any studies and she did not and
19 20	state, "Dr. Kane opines that genital talcum powder		
19 20 21	exposure can cause ovarian cancer based on her	21	Dr. Kane didn't mention them either linking talc
19 20 21 22	exposure can cause ovarian cancer based on her evaluation of epidemiological"	21 22	powders to inducing those genetic alterations.
19 20 21 22 23	exposure can cause ovarian cancer based on her evaluation of epidemiological" A Wait, wait, wait. You said the second	21 22 23	powders to inducing those genetic alterations. (The document referenced below was
19 20 21 22	exposure can cause ovarian cancer based on her evaluation of epidemiological"	21 22	powders to inducing those genetic alterations.

68 (Pages 266 to 269)

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Robert Kurman, M.D.

BY MR. DEARING: Q Fin showing what is marked as Exhibit Number II, and this is a study by Drs. Fletcher, Harper, Mernaj, Fan, Morris, and Saed. I don't believe this study was identified in either of your reference lists. Do you know if you've ever seen this study? A No, I don't remember seeing this study. Q Well, title of this study is 'Molecular Basis Supporting the Association of Talcium Product Use with Increased Risk of Ovarian Caneer.' By MR. DEARING: Q For cample, eigerette smoke can cause several times of cancer, right?' MS. AHERN: Objection. Form. BY MR. DEARING: Q For cample, eigerette smoke can cause several times of cancer, right?' MS. AHERN: Objection. Form. BY MR. DEARING: Q For cample, eigerette smoke can cause several times of cancer, right?' MS. AHERN: Objection. Form. BY MR. DEARING: Q For cample, eigerette smoke can cause several times of cancer, right?' MS. AHERN: Objection. Form. BY MR. DEARING: Q For cample, eigerette smoke can cause several times of cancer, right?' MS. AHERN: Objection. Form. BY MR. DEARING: Q For cample, eigerette smoke can cause several times of cancer, right?' MS. AHERN: Objection. Form. BY MR. DEARING: Q For cause of cancer size. A Form of malliar with tat. C Q Well, absobstoc an cause mesothelioms and it can cause lang cancer, right?' A For an extractive that the cancer fix and the cancer. It's a contributing factor to people who are smokers. A For an extractive that an extractive that the cancer. It's a contributing factor to people who are smokers. A For an extractive that a significant cause of lung cancer, right?' A For an extractive that a significant cause of lung cancer right? A For an extractive that a significant cause of lung cancer right? A For an extractive that an extractive that the cancer is suit does not prove the cancer, right? A For an extractive that the cancer is suited on the		Page 270		Page 272
Number 11, and this is a study by Drs. Fletcher, Harper, Memaj, Fan, Morris, and Saed. I don't believe this study was identified in either of your reference lists. Do you know if you've ever seen this study? A No, I don't remember seeing this study. Q Well, inite of this study is "Molecular Basis Supporting the Association of Talcum Powder Use with Increased Risk of Ovarian Cancer." A Yes. Q If you would, take a minute and look at the abstract. The last sentence of the abstract reads: Confirm the cellular effect of tale and previous reports linking genital tale previous reports linking genital tale use to increased ovarian cancer risk." Q Well, having read the abstract, do you feel like you have a good handle on the general topic of this study? Page 271 A Nor at all. MS. AHERN: Objection. Form. BY MR. DEARING: Q Well, abstract cause mesheleions and it cancer. It's a contributing factor to people who are smokers. Smokers. Q A Jeas sort of reading the rest of the abstract. Let me go over it. WS. AHERN: Objection. Form. Page 271 A Nor at all. MS. AHERN: Objection. Form. Page 271 A Nor at all. MS. AHERN: Objection. Form. Page 271 A Nor at all. MS. AHERN: Objection. Form. Page 271 A Nor at all. MS. AHERN: Objection. Form. Page 271 A Nor at all. MS. AHERN: Objection. Form. Page 272 A I was tool freading the rest of the abstract. Let me go over it. A Nor at all. MS. AHERN: Objection. Form. Page 271 A Nor at all. MS. AHERN: Objection. Form. Page 271 A Nor at all. MS. AHERN: Objection. Form. A Nor at all. MS. AHERN: Objection. Form. A Nor at all. MS. AHERN: Objection for the metarials and mentods. I dilk that as see what they were actually studying. I was looking for that. I couldn't see that. Q I want to ask you what you're familiar with. I might come back to it if I have time for it. A Nor at all.	1	BY MR. DEARING:	1	MS. AHERN: Objection. Form.
3 Number II, and this is a study by De. Fletcher, 4 Harper, Memaj, Fan, Morris, and Saed. I don't believe 5 this study was identified in either of your reference 6 lists. 7 Do you know if you've ever seen this study? 8 A No, I don't remember seeing this study? 9 Q Well, title of this study is "Molecular Basis 10 Supporting the Association of I alcum Powder Use with 11 Increased Risk of Ovarian Cancer." 12 A Yes. 13 Q If you would, take a minute and look at the 14 abstract. The last sentence of the abstract reads: 15 "These findings are the first to 16 confirm the cellular effect of tale and 17 provide a molecular mechanism to 18 previous reports linking genital tale 19 use to increased ovarian cancer risk." 20 A I was sort of reading the rest of the 21 abstract. Let me go over it. 22 Oks. Jrm sorry, what was your question? 23 Q Well, having read the abstract, do you feel 24 like you have a good handle on the general topic of 25 this study? Page 271 A Not at all. 2 MS, AHERN: Objection. Form. Page 271 A No. Fallike to see the materials and methods. I dlike that see what they were actually 5 studying. I was looking for that. I couldn't see 8 that. 10 Q You know, if you're not familiar with, 11 Imight come back to it if I have time for it. 12 A Yes. 13 Q Back to page 12. 14 A Yes. 15 Q Back to page 12. 15 G Back to page 12. 16 A Yes. 17 Q Middle paragraph, last two sentences, you 18 state: 19 "Further, it is unlikely that 20 exposure to a single agent, i.e., t.ale, 21 could result in the development of such 22 distinctly different neoplasms." 23 My question is there are examples where a 3 single citologic agent an cause more than one type of 4 state: 10 Let me good and an own the provision of the service of tale 22 are cause langer right? 23 and in the provision of the service of the 24 like you have a subchaining flore to people who are 25 smokers. 26 A I was an accurate summary? 27 Limbility in the provision of the state of the provision of the evidence that tale has 26 been observed in ovariant issue and ot	2	O I'm showing what is marked as Exhibit	2	BY MR. DEARING:
4 Harper, Memaj, Fan, Morris, and Saed. Lofort believe bits study was identified in either of your reference lists. 5 Do you know if you've ever seen this study. 9 Q Well, title of this study is "Molecular Basis Supporting the Association of Taleum Powder Use with Increased Risk of Ovarian Cancer." 10 Supporting the Association of Taleum Powder Use with Increased Risk of Ovarian Cancer." 11 Increased Risk of Ovarian Cancer." 12 A Yes. 13 Q If you would, take a minute and look at the abstract. The last sentence of the abstract reads: 15 "These findings are the first to continue to the continue	3		3	Q For example, cigarette smoke can cause several
this study was identified in either of your reference lists. Do you know if you've ever seen this study? A No.1 don't remember seeing this study, Q Well, tittle of his study is "Molecular Basis Duporting the Association of Talcum Powder Use with 11 Increased Risk of Ovarian Cancer." A Yes. Q If you would, take a minute and look at the abstract. The last semice of the abstract reads: "These findings are the first to confirm the cellular effect of talc and previous reports linking genital talc provious reports linking genital talc lass more linking genital talc lass to increased ovarian cancer risk." A I was sort of reading the rest of the abstract reads: By Wall, laborator cause risk bath. A Veah. Q Okay, I'm sorry, what was your question? A I was sort of reading the rest of the abstract reads: By MR, DEARING: A Not at all. A Not at all. By MR, DEARING: A Not at all. A N	4		4	
5 Isiss.	5		5	MS. AHERN: Objection. Form.
BY MR. DEARING: A No, I don't remember seeing this study,' BY MR. DEARING: Q If can cause a it has been linked to liver cause.' Increased Risk of Ovarian Cancer." A Yes. Q If you would, take a minute and look at the abstract. The last sentence of the abstract reads: "These findings are the first to confirm the cellular effect of lak and previous reports linking genital tale use to increased ovarian cancer risk." By Mr. DEARING: A I'm not familiar with that. A I'm not at all. A Yeal. A I'w sushily not a significant cause of lung cancer. If's a contributing factor to people who are smokers. A I'w sushily not a significant cause of lung canculate of lake and previous reports linking genital tale use to increased ovarian cancer risk." By Mr. DEARING: A I'w most familiar with that. A Yes. A I'w most familiar with that. A Yes. Colay. I'm sorry, what was your question? A I'w sushily not a significant cause of lung cancers. If's a contributing factor to people who are smokers. By Well, know it usually causes mesothelioma and it can cause lung cancer. If's a contributing factor to people who are smokers. By Well, abstract cause of lang cancers in smokers. Page 271 A I'w sushily not a significant cause of lung cancers in smokers. By Well, know it usually causes mesothelioms and it can cause lung cancer in smokers. Page 271 Provide a molecular mechanism to pright of this study. Page 271 A I'w sushily not a significant cause of lung cancer in smokers. Page 271 A I'w sushily not a significant cause of lung cancer in smokers. Page 271 A I'w sushily not a significant cause of lung cancer in smokers. Page 271 A I'w sushily not a significant cause of lung cancer in smokers. Page 271 A I'w sushily not a significant cause of lung cancer in smokers. Page 271 A Not at all. By MR. DEARING: By MR. DEARING: A No I'd like to see the materials and methods. I'd like that see what they were actually studying. I was looking for that. I couldn't see that. A Not I'w sushil that i'w sushil that lung	6		6	
A No, I don't remember seeing this study, Q Well, title of this study is "Molecular Basis 10 Supporting the Association of Talcum Powder Use with 11 Increased Risk of Ovarian Cancer." 12 A Yes. 13 Q If you would, take a minute and look at the 14 abstract. The last sentence of the abstract reads: 15 "These findings are the first to 16 confirm the cellular effect of falc and 17 provide a molecular mechanism to 18 previous reports linking genital tale 19 use to increased ovarian cancer risk." 20 A I was sort of reading the rest of the 21 abstract. Let me go over it. 22 Okay. Two sorty, what was your question? 23 Q Well, having read the abstract, do you feel 24 like you have a good handle on the general topic of 25 this study? Page 271 1 A Not at all. 2 MS, AHERN: Objection. Form. 3 BY MR. DEARING: 4 Q Not at all? 5 A No. Id like to see the materials and 6 methods. Td like that see what they were actually 7 studying. I was looking for that. I couldn't see 1 that. 9 Q You know, if you're not familiar with it, 10 let's move on. 11 A I'm not. 12 Q I want to ask you what you're familiar with. 13 I might come back to it if I have time for it. 14 A Okay. 15 Q Back to page 12. 16 A Yes. 17 Q Middle paragraph, last two sentences, you 18 state: 19 "Further, it is unlikely that 20 exposure to a single agent, i.e., tale, 21 could result in the development of such 22 distinctly different neoplasms." 23 My question is there are examples where a 24 single etiologic agent can cause more than one type of 25 this study not a significant cause of lung 26 cancer. If a Contributing factor to people who are anotherium and it can cause lung cancer. If a Contributing factor to people who are anotherium and it can cause in that it and it can cause lung cancer. If a Contributing factor to people who are anotherium and it can cause of lung 27 cancer. If she out have significant cause of lung 28 Carle II and II a	7		7	
9 Q Well, title of this study is "Molecular Basis Supporting the Association of Talcum Powder Use with 1 Increased Risk of Ovarian Cancer." 12 A Yes. 13 Q If you would, take a minute and look at the abstract. The last sentence of the abstract reads: 15 "These findings are the first to confirm the cellular effect of talc and provide a molecular mechanism to provide mechanism to provide provide mechanism to provide mechanism to provide mechanism to provide mec	8		8	O It can cause it has been linked to liver
Supporting the Association of Talcum Powder Use with Increased Risk of Ovarian Cancer." A Yes. Q If you would, take a minute and look at the abstract. The last sentence of the abstract reads: "These findings are the first to 15 smokers." These findings are the first to 15 smokers. "These findings are the first to 15 smokers." The sellular effect of talc and 16 confirm the cellular effect of talc and 17 provide a molecular mechanism to 17 previous reports linking genital talc 18 previous reports linking genital talc 18 previous reports linking genital talc 19 use to increased ovarian cancer risk." A It is usually not a significant cause of lung 2 cancer. If a contributing factor to people who are 2 smokers. A It is usually not a significant cause of lung 2 cancer. If a contributing factor to people who are 2 smokers. A Yeah. Q Asbestos is? A Yeah. Q Okay, Well, I know it usually causes 2 mesothelioma, but asbestos can cause lung cancer, 18 mesothelioma, 18 mesot	9		9	
11 Increased Risk of Ovarian Cancer." 12 A Yes. 13 Q If you would, take a minute and look at the 14 abstract. The last sentence of the abstract reads: 15 "These findings are the first to 15 confirm the cellular effect of talc and 16 confirm the cellular effect of talc and 16 provide a molecular mechanism to 17 A Yes. 15 provide a molecular mechanism to 17 A Yes. 16 Q Asbestos is? 17 provide a molecular mechanism to 18 previous reports linking genital talc 18 pus to increased ovarian cancer risk." 19 mesothetioma, but absestos can cause lung cancer, 19 can	10		10	
12 A Yes. 13 Q If you would, take a minute and look at the 14 abstract. The last sentence of the abstract reads: 15 "These findings are the first to 16 confirm the cellular effect of tale and 17 provide a molecular mechanism to 18 previous reports linking genital tale 19 use to increased ovarian cancer risk." 19 A I was sort of reading the rest of the 20 abstract. Let me go over it. 21 Okay. I'm sorry, what was your question? 22 Q Well, having read the abstract, do you feel 23 Q Well, having read the abstract, do you feel 24 like you have a good handle on the general topic of 25 this study? Page 271 1 A Not at all. 2 MS. AHERN: Objection. Form. 24 Q Not at all? 25 A No. I'd like to see the materials and 26 methods. I'd like that see what they were actually 27 studying. I was looking for that. I couldn't see 3 that. 3 Q O was a was a subheading "Detection of 3 Tale in Ovarian Tissue." 4 A I'm not. 5 Q A Ven, which is sprears to be a criticism of 5 Dr. Kane's recitation of the evidence that tale has been observed in ovarian tissue and other gynecologic tissue? 4 A Ne. I'm like that see what they were actually 5 A No. I'm like that see what they were actually 6 Q Back to page 12. 1 A Okay. 1 Q I want to ask you what you're familiar with. 1 I might come back to it if I have time for it. 1 A Okay. 1 Q Back to page 12. 1 C Q Back to page 12. 1 C Q Back to page 12. 1 C Q Middle paragraph, last two sentences, you distinctly different neoplasms." 2 G Okay. Well, I know tit sually causes mascohelioma, but askedos can cause lung cancer, right? A Yesh. A Ves. 1 C Q A rey on creating factor to people who are smokers. A Ves. 1 C Q Back to page 12. 2 C Chary. Transmy, what was your question? 2 C A reading the ask you what you're familiar with. 2 C Reading the actually was pour to a single agent, i.e., tale, could result in the development of such distinctly different neoplasms." 3 C On page 20 you have a subheading "Detection of Dr. Kane's recitation of the evidence that tale has been observed in ovarian tissue and other	11		11	O Well, asbestos can cause mesothelioma and it
13 Q If you would, take a minute and look at the abstract. The last sentence of the abstract reads: 15	12		12	
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19 use to increased ovarian cancer risk." 20 A I was sort of reading the rest of the 21 abstract. Let me go over it. 22 Okay. I'm sorry, what was your question? 23 Q Well, having read the abstract, do you feel 24 like you have a good handle on the general topic of 25 this study? 27 THE WITNESS: I think it's pretty rare. I think 28 it's mostly, as I said, predominantly lung cancer and 29 these they can add another factor to it, asbestos, 29 what I've read about it, because I'm not an expert in 29 Page 271 20 Page 271 21 A Not at all. 22 MS. AHERN: Objection. Form. 33 BY MR. DEARING: 34 Q Not at all? 45 A No. I'd like that see what they were actually 46 studying. I was looking for that. I couldn't see 47 that. 48 that. 49 Q You know, if you're not familiar with it, 40 let's move on. 41 A I'm not. 42 Q I want to ask you what you're familiar with. 41 A Okay. 42 G Middle paragraph, last two sentences, you 43 state: 44 I might come back to it if I have time for it. 45 G Back to page 12. 46 A Yes. 47 C Widdle paragraph, last two sentences, you 47 Sibe then acknowledges that the presence of talc 48 particles found in ovarian cancer tissue does not prove 49 that the talc played a causal role yet argues it is 40 could result in the development of such 41 could result in the development of such 42 distinctly different neoplasms." 49 Q Okay. I just want to be clear. You're not 40 G Nay, I just want to be clear. You're not 41 the talc played a causal role yet argues it is 42 the socked observed in genecologic tissue? 43 My question is there are examples where a 44 single telologic agent can cause more than one type of		•		
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Robert Kurman, M.D.

	Page 278		Page 280
1	THE WITNESS: Where does it say anything about it	1	BY MR. DEARING:
2	coming from the perineum? I didn't see that. It could	2	Q And this is a paper that you cite for support
3	have come from inhalation. I mean, I can tell you,	3	that tale cannot migrate from the perineum to the
4	coming from the peritoneum and going to a lymph node	4	ovaries; right?
5	sounds totally against any method of lymphatic	5	A I'd have to see my report where we say that.
6	drainage.	6	I see that we we're referring to Venter and Egli and
7	BY MR. DEARING:	7	then we go to Wehner. Yes.
8	Q Do you believe	8	Q At the top of page
9	A Makes no sense.	9	A Wehner and Boorman. This is Wehner and
10	Q Do you believe that inhalation of talc can	10	Wehner.
11	result in the deposition of talc particles on ovarian	11	Q At the top of page 22, you say "notably
12	tissue?	12	Dr. Kane omits" and you mention the Wehner 1985 and
13	A It hasn't been demonstrated that I'm aware of.	13	Boorman 1995.
14	It has been talked about.	14	A Right.
15		15	
16	Q You just said it could have come from inhalation.	16	Q "Wehner examined talc migration in
			monkeys, receiving repeated
17	A Yeah. And I'm saying maybe that's how it came	17	introductions of talc to the upper
18	from, but there's no definite proof. But I don't think	18	vagina over a period of 45 days.
19	it	19	A Right.
20	MS. AHERN: I think it is in your report. You	20	Q Right?
21	cited it; right?	21	A "No talc particles were found in the uterus or
22	THE WITNESS: Case report.	22	tubes."
23	BY MR. DEARING:	23	Q Right.
24	Q Well, let me ask you about the two cases that	24	A Yes. So they didn't find talc.
25	you cite	25	Q So what's important I want to point out about
	Page 279		Page 281
1	Page 279 A Okay.	1	Page 281 the study is there were six monkeys studied over a
1 2		1 2	
	A Okay.		the study is there were six monkeys studied over a
2	A Okay. Q to support your opinion.	2	the study is there were six monkeys studied over a 45-day period with only 30 applications of talc; right?
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71 (Pages 278 to 281)

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	Page 282		Page 284
1	A But the point is to try to demonstrate, from	1	genital talc use cannot that talc cannot migrate
2	your standpoint, that it does get there. And there's	2	from the perineum to the ovaries?
3	no study that shows that. I mean, you're supporting a	3	MS. AHERN: Objection. Form.
4	negative, which, to me, is nothing is not really	4	THE WITNESS: I think it's just supportive of the
5	relevant. You want to support a positive.	5	studies that she quoted that says it does.
6	Q You would agree with me that the cynomolgus	6	BY MR. DEARING:
7	monkeys don't menstruate the way humans do; right?	7	Q Well, you criticized her study.
8	A Oh, I don't know about that.	8	A Right.
9	Q They do menstruate, but it's a different	9	Q So if it was just supportive, that means it's
10	process.	10	not supportive at all; right?
11	A I don't know why it's different.	11	MS. AHERN: Objection. Form.
12	MS. AHERN: Objection. Form.	12	THE WITNESS: So they're both not supportive.
13	THE WITNESS: I don't know.	13	BY MR. DEARING:
14	BY MR. DEARING:	14	Q Okay. Fair enough.
15	Q Do you know whether these cynomolgus monkeys	15	In fact, the authors practically say that in
16	experience retrograde menstruation?	16	this study; right?
17	A No idea.	17	If you look at the last sentence of this
18	Q Right. Also, did you know that, at the time	18	one-page report, it says, "In the extrapolation of
19	of this study, Alfred Wehner was a paid consultant for	19	these data, one should consider limitations relative to
20	Johnson & Johnson?	20	the marked anatomical and physiological differences
21	A No.	21	between rodents and humans; right?
22	Q You also cite the Boorman study for the	22	Do you see that last sentence?
23	proposition that talc cannot migrate from the perineum	23	A I'm sorry. I was looking at something else.
24	to the ovaries in humans.	24	Q It's the last sentence of this paper.
25	And, of course, this is a rat study; right?	25	A This Boorman paper?
	Daga 202		Dago 20F
-	Page 283		Page 285
1	MS. AHERN: Objection. Form.	1	Q Uh-huh.
2	BY MR. DEARING:	2	A "In the extrapolation of these data, one
3	Q Rats and mice. Yes?	3	should consider limitations relative to the marked
4	MS. AHERN: Same objection.	4	anatomical and physiological differences between
5	THE WITNESS: That's right.	5	rodents and humans."
6	(The document referenced below was	6	Q Right. So the Boorman paper doesn't really
7	marked Deposition Exhibit 13 for	7	tell you much about whether tale can migrate to the
8	identification and is appended hereto.)	8	perineum from the perineum to the ovaries in humans;
9	BY MR. DEARING:	9	right?
10	Q In fact, it's a one-page rat study. Here it	10	A That's correct. Interestingly, by the way, in
11	is, if you'd like to refer to it.	11	the earlier comment I made about the Cramer 2007 study,
12	Is this the study you were referencing to	12	I found the sentence I'd have to look it up in the
13	support your proposition that talc can't migrate from	13	paper, but I say, "I note that Cramer 2007," which is
14	the perineum to the ovaries in humans?	14	the study that we're talking about, "which Kane relies
	MS. AHERN: Objection. Form.	15	on for a migration opinion, stated that 'there is no
15			
16	THE WITNESS: Let me see. Boorman, Seely. Yes,	16	proof that talc used externally reaches the pelvis."
16 17	THE WITNESS: Let me see. Boorman, Seely. Yes, this looks like the study, 1995. Yes.		
16 17 18	THE WITNESS: Let me see. Boorman, Seely. Yes, this looks like the study, 1995. Yes. BY MR. DEARING:	16	proof that talc used externally reaches the pelvis." Q Right. That's the that's the 2007 pelvic lymph node study.
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Robert Kurman, M.D.

	Page 286		Page 288
1	A The one that was just published in when was	1	digestion of tissue taken from paraffin
2	it?	2	blocks in scanning electron microscopy
3	Q This one was published this year.	3	with energy-dispersive x-ray analysis.
4	A 2007, that was published. Okay.	4	Talc particles correlated significantly
5	Q This is the follow-up to that study; right?	5	with surface contamination assessments
6	MS. AHERN: Objection. Form.	6	using polarized light microscopy. After
7	BY MR. DEARING:	7	adjusting for surface contamination,
8	Q Well, if you would, go back to Exhibit 6.	8	talc burdens in nodes correlated
9	A What's Exhibit 6?	9	strongly with perineal talc use.
10	Q It's the follow-up to the lymph node study.	10	"In a" let me just "In a
11	It's entitled "Correlative Polarizing Light and	11	separate group of lymph nodes,
12	Scanning"	12	birefringent particles within the same
13	A Sandra McDonald.	13	plane of focus as the tissues in the
14	Q Right.	14	histological sections were highly
15	A Since I haven't read that study, I'd like to	15	correlated with talc particles within
16	read it more carefully, because they don't describe how	16	the tissue by in situ, SEM-EDX. We
17	they how they what tissues they examined, how	17	conclude that since talc can be a
18	these patients were possibly exposed to talc.	18	surface contaminant from tissue
19	Q They do explain all that.	19	collection/preparation, digestion
20	A Where is it?	20	measurements may be influenced by
21	Q Well, I tell you what. Let's go off the	21	contamination. Instead, because they
22	record, and you can take all the time you want to read	22	preserve anatomic landmarks and permit
23	it and we can talk about it.	23	identification of particles and cells in
24	A Okay.	24	tissues, polarized light microscopy and
25	VIDEO OPERATOR BROWN: The time is now 5:02. Going	25	in situ SEM-EDX are recommended to
	Page 287		Page 289
1	off the record.	1	assess talc in lymph nodes."
2	(Recess taken.)	2	Do you agree that that's an accurate summary
3	VIDEO OPERATOR BROWN: The time is now 5:22. Back	3	of this study?
4	on the record.	4	MS. AHERN: Objection. Form.
5	BY MR. DEARING:	5	THE WITNESS: Pretty much.
6	Q Doctor, have you now had an opportunity to	6	BY MR. DEARING:
7	read this study entitled "Correlative Polarizing Light	7	Q So one of the things we were talking about
8	and Scanning Electron Microscopy for the Assessment of	8	before we went off the record so you could read this
9	Talc in Pelvic Region Lymph Nodes"?	9	study was that you said you weren't sure about the
10	A I have.	10	exposure of the patients in this study.
11	Q In the abstract, it sets out sort of the	11	And if you would turn to page 2 at the top, it
12	purpose and the methodology of this study. And it says	12	says:
13	that:	13	"One exposure of great current
14	"Perineal talc use is associated	14	medical, public health, and medicolegal
15	with ovarian carcinoma in many	15	importance is the association of ovarian
16	case-controlled studies. Such talc may	16	cancers with the use of talc cosmetic
17	migrate to pelvic organs and regional	17	products in the genital area. Data
18	lymph nodes with both clinical and legal	18	related to this association come from
19	significance. Our goal was to	19	epidemiologic studies which identified a
20	differentiate talc in pelvic lymph nodes	20	clear excess of women with ovarian
21	due to exposure versus contamination	21	malignancy who had used talc in their
22	with talc in the laboratory. We studied	22	genital area prior to developing cancer
23	22 lymph nodes from ovarian tumor	23	compared to control women."
24	patients, some of which had documented	24	Do you agree with that last sentence of these
25	talc exposure, to quantify talc using	25	six scientists that data related to this association
i		I	

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1	come from epidemiologic studies which identified a	1	"A subset of authors from the
2	clear excess of women with ovarian malignancy who had	2	present study have previously described
3	used talc in their genital area prior to developing	3	a case report in which a woman with
4	cancer compared to the control women?	4	serous carcinoma of the ovary had a
5	A I'm not sure what they mean by "clear."	5	history of talc usage in her genital
6	Q So you don't know how to interpret that	6	area, was demonstrated to have talc in
7	sentence at all?	7	three of four pelvic examined pelvic
8	MS. AHERN: Objection. Form.	8	lymph nodes."
9	THE WITNESS: I mean, there have been epidemiologic	9	So when we were talking about the exposure
10	studies that have demonstrated an association between	10	history in the 2007 Cramer case and you said "I don't
11	talc usage and ovarian cancer. I don't argue that.	11	know if she used perineal talc," you now do know that
12	BY MR. DEARING:	12	that was a perineal talc exposure; right?
13	Q And then he goes on to cite an epidemiological	13	MS. AHERN: Objection. Form.
14	study two sentences farther down.	14	THE WITNESS: Well, she claims to have perineal
15	"The most recent summary of the epidemiologic	15	talc exposure, and then these exposure and you find
16	data in 2018" I guess at the time he was working	16	talc in the lymph nodes, but that does not directly
17	they were working on this paper "found that genital	17	prove that it got there through the female reproductive
18	talc may increase the risk of ovarian carcinoma by	18	tract.
19	about 30 percent."	19	BY MR. DEARING:
20	And then he's, of course, referring to the	20	Q But the only evidence of exposure in the 2007
21	Penninkilampi study.	21	Cramer study is the statement by the patient that she
22	A That's a relative risk, about 1.3 or	22	used talc perineally; right?
23	something.	23	MS. AHERN: Objection to form.
24	Q Do you agree that the Penninkilampi shows a	24	BY MR. DEARING:
25	relative risk of 30 percent?	25	Q You're speculating about any other talc
	Page 291		Page 293
1	Page 291 MS. AHERN: Objection to form.	1	Page 293 exposure; right?
1 2		1 2	
	MS. AHERN: Objection to form.		exposure; right?
2	MS. AHERN: Objection to form. THE WITNESS: Well, by 1.3, right. I just looked	2	exposure; right? MS. AHERN: Objection. Form.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	MS. AHERN: Objection to form. THE WITNESS: Well, by 1.3, right. I just looked at the abstract on that study, by the way. BY MR. DEARING: Q Okay. He goes down to describe the Heller study in that same column. And that's a study that we briefly touched on earlier. A Uh-huh. Q But he says: "A study by Heller was done with digestion techniques followed by TEM" that's transmission electron microscopy "on ovaries from 24 women having hysterectomy, oophorectomy, for reasons other than ovarian malignancy. The study found tale in approximately half the samples, with no obvious correlation with the genital tale use history, thereby suggesting to the authors that tale exposure may be relatively ubiquitous across the population."	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	exposure; right? MS. AHERN: Objection. Form. THE WITNESS: Well, I can't yeah. I mean, it doesn't prove necessarily that passage through the female reproductive tract. It could have been inhaled. BY MR. DEARING: Q Next, it says in the next paragraph: "In the study reported here, we assess talc in a sizeable set of lymph nodes in the pelvic region representing multiple patients; thus, we expanded on the lymph node analysis in the previous case report" talking about the Cramer 2007 report "as well as the study of nonmalignant ovaries by Heller, et al., and we examined nodes in 22 patients with various types of ovarian tumors." So do you agree that this study is in part a an expansion of Dr. Cramer's 2007 Dr. Cramer's 2007 case report and Dr. Heller's study? A It's a follow-up, yeah. Okay.

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	Page 294		Page 296
1	migrated to the nodes from perineal exposure.	1	plausible.
2	So, clearly, they are surmising or suggesting	2	BY MR. DEARING:
3	that the talc found in the lymph nodes in this study	3	Q So something can be more likely, in your
4	migrated to those lymph nodes from perineal exposure;	4	mind
5	right?	5	A Yeah.
6	MS. AHERN: Objection. Form.	6	Q without being biologically plausible?
7	THE WITNESS: Well, as I said, you can't you	7	A Right.
8	can't that's a big jump. They don't show you I	8	Q And, of course, one of the advantages of using
9	mean, they're just saying she had perineal exposure.	9	SEM-EDX, according to these eight scientists, is that
10	Okay. And she has talc in these lymph nodes.	10	it allows you to observe the talc particle in situ
11	It doesn't mean that it went through the	11	in other words, in the tissue not on the surface of
12	vagina, the cervix, the uterus, the ovaries, and	12	the tissue; right?
13	somehow got into the lymph nodes.	13	MS. AHERN: Objection. Form.
14	BY MR. DEARING:	14	THE WITNESS: Well, I'm not an electron
15	Q Well, these eight authors concluded that that	15	microscopist, so I can't really comment on their
16	exposure, the perineal exposure, is what resulted in	16	technology of avoiding contamination, which they,
17	the presence of talc in the lymph nodes; right?	17	frankly, acknowledge could be a significant problem
18	MS. AHERN: Objection. Form.	18	So I'd have to depend on someone who is an
19	THE WITNESS: They concluded that, but I don't see	19	electron microscopist to really go over their
20	why they didn't give the alternate explanation, that	20	methodology and say, oh, yes, this really is purified.
21	it possibly got through inhalation. It makes more	21	I mean, cutting the section off the surface, I don't
22	sense to me than coming through the vagina or the	22	think that necessarily excludes contamination.
23	vulva from the vulva.	23	But, again, I'm not an electron microscopist.
24	BY MR. DEARING:	24	I think that needs to be evaluated by someone who is
25	Q Inhalation of talc particles depositing on	25	///
	Page 295		Dago 207
	3		Page 297
1		1	BY MR. DEARING:
1 2	ovarian tissue or pelvic lymph nodes is more plausible	1 2	BY MR. DEARING:
			BY MR. DEARING: Q Right. Well, at least three of these authors
2	ovarian tissue or pelvic lymph nodes is more plausible to you than perineal application? A Yes.	2	BY MR. DEARING: Q Right. Well, at least three of these authors are electron microscopists. So would you defer to then
2 3 4	ovarian tissue or pelvic lymph nodes is more plausible to you than perineal application? A Yes. Q Are you saying that inhalation of talc	2 3 4	BY MR. DEARING: Q Right. Well, at least three of these authors are electron microscopists. So would you defer to then when they say that SEM-EDX methodologies is the best
2	ovarian tissue or pelvic lymph nodes is more plausible to you than perineal application? A Yes. Q Are you saying that inhalation of talc particles depositing on ovarian on ovaries or in	2	BY MR. DEARING: Q Right. Well, at least three of these authors are electron microscopists. So would you defer to then
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Robert Kurman, M.D.

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1 reasonable way of doing it and avoids contamination. 1 are closed under normal conditions	get through the
2 As I said, I'm not in a position to do that. 2 vagina, get through the cervix wh	
3 BY MR. DEARING: 3 time, is closed to passage of bacteri	a, sperm, except
4 Q Do you agree that the women studied in this 4 at the time of the when women or	vulate get through
5 publication who are in this study all claimed that they 5 the uterus, get through the fallopian	tubes, and get
6 used talc for feminine hygiene? 6 into the peritoneal cavity. I don't the	nink that's
7 A No, I don't think they all did. I think there 7 possible. Unlike the lungs and the	mouth, there's an
8 were some that said they were exposed, but I think 8 open airway. That, to me, is more l	ikely than going
9 others said they weren't. 9 through that complicated route thro	ugh the genital
10 Q On page 3 at the top, the beginning of the 10 tract.	
11 first paragraph, it says "Talc is readily visible under 11 Q Do you also recall reading in	this study that
12 polarizing light microscopy." 12 these eight authors suggested, and r	night have proved,
13 A Yes. 13 that one of the flaws in the Heller st	
14 Q You agree with that; right? 14 technique used for determining the	-
15 A Well, that's what they say, yeah. 15 ovarian tissue of the women was tra	
16 Q Well, you've 16 which they digested the tissue and t	
17 A Oh, yeah, generally speaking, yes. Yes. 17 the surface contaminants that Dr. G	
18 Q I mean, you understand how polarizing light 18 and Cramer and Welch and everyor	ne else says that you
19 microscopes work and how they will illuminate particles 19 have to be careful to avoid?	, ,
20 with birefringent properties? 20 MS. AHERN: Is there a question	n? I'm sorry.
21 A I use it. 21 MR. DEARING: Yeah.	Ž
22 Q And it also says that talc may be found as 22 THE WITNESS: Yeah.	
23 both plates and fibrous forms. And I believe you don't 23 MS. AHERN: Objection. Sorry.	
24 have an opinion about the fibrous forms; right? 24 THE WITNESS: No, no. I think	
25 A Right. 25 please repeat the question.	88
T T	
Page 299	Page 301
1 Q And where the particles of fibers are brightly 1 MR. DEARING: Sure.	
1 Q And where the particles of fibers are brightly 1 MR. DEARING: Sure. 2 birefringent and often in the size range of 1 to 10 2 BY MR. DEARING:	
F	addresses is
2 birefringent and often in the size range of 1 to 10 2 BY MR. DEARING:	
2 birefringent and often in the size range of 1 to 10 2 BY MR. DEARING: 3 microns. We've already discussed that? 3 Q So one of the things this study	tion of the
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76 (Pages 298 to 301)

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	Page 302		Page 304
1	THE WITNESS: I think that that's could be	1	clinicians should consider broader inquiries with their
2	contamination, yes. That's what I said earlier.	2	patients about talc usage when they're suffering from
3	BY MR. DEARING:	3	ovarian cancer?
4	Q On page 11, they start summarizing their	4	MS. AHERN: Objection. Form.
5	findings on the right-hand column	5	THE WITNESS: I'm not here to make recommendations
6	A Hold it. Hold it.	6	for how patients should be advised.
7	Q I'm sorry. Page 13.	7	BY MR. DEARING:
8	A Okay.	8	Q Well, do you agree that, since there are
9	Q Right-hand column, three-quarters of the way	9	suggestions that pelvic lymph nodes may may gather
10	down, it says:	10	or store foreign particles that may have contributed to
11	"In the long-studied and debated	11	cancer, to ovarian cancers, do you agree with the
12	association between talc exposure and	12	statement here that pathologists may wish to consider
13	ovarian cancer, our study provides	13	greater may wish to pay greater attention to sampled
14	additional evidence that talc may enter	14	regional lymph nodes?
15	pelvic tissues and ultimately be	15	MS. AHERN: Objection. Form.
16	detected and measured in regional lymph	16	THE WITNESS: There's no data in this study to say,
17	nodes, and this relationship became	17	even if they were correct in saying that talc is in
18	especially strong when clinical-use data	18	lymph nodes, that it has any bearing on the development
19	was considered and surface contamination	19	of ovarian cancer. Nothing whatsoever. I've never
20	was corrected for statistically. This	20	heard of development of ovarian cancer based on
21	adds perspective to the known migratory	21	material that's in lymph nodes.
22	capabilities and overall biological	22	BY MR. DEARING:
23	role/impact of talc."	23	Q If that's true
24	Do you agree with the statement that the	24	A It's biologically not plausible to me.
25	findings of this study provide additional evidence that	25	Q If that's true, why do at least three of your
	Page 303		Page 305
1	talc may enter the pelvic tissues and ultimately be	1	textbooks identify tale as a risk factor for ovarian
2	detected and measured in lymph nodes?	2	cancer?
3	MS. AHERN: Objection. Form.	3	MS. AHERN: Objection. Form.
4	THE WITNESS: As I said a few minutes ago, I do not	4	THE WITNESS: Well, a risk factor has nothing to do
5	have the technical expertise in electron microscopy to	5	with its presence in lymph nodes.
6	critically evaluate the techniques that they claim	6	BY MR. DEARING:
7	avoided the contamination issue. So I cannot, at this	7	Q Well, risk factors have to do with a woman's
8	point, agree with that.	8	increased risk of getting ovarian cancer; right?
9	BY MR. DEARING:	9	MS. AHERN: Objection. Form.
10	Q Dr. Cramer, who participated in this study, is	10	THE WITNESS: It doesn't tell you anything about
11	an OB/GYN; right?	11	the mechanism, though.
12	A Yes.	12	MR. DEARING: I'm going to move to strike your last
13	Q So with regard to a practical application of	13	answer as nonresponsive.
14	this study for an OB/GYN, the authors write:	14	BY MR. DEARING:
15	"Our findings also suggest that in	15	Q My question was, well, risk factors have to do
16	patients with ovarian cancer, clinicians	16	with a woman's increased risk of getting ovarian
17	may want to make broader inquiries into	17	cancer; right? That's the question.
18	the past and present use of talc by	18	MS. AHERN: Objection. Form.
1.0	their patients. Similarly, pathologists	19	THE WITNESS: I said, yes, increased risk. A truly
19	may wish to pay greater attention to	20	accepted risk factor means that there's a risk of
20			developing avanian concer. We discussed that issue of
20 21	sampled regional lymph nodes."	21	developing ovarian cancer. We discussed that issue of
20	sampled regional lymph nodes." First of all, do you agree that, in light of	22	risk factors earlier and that there are weaker risk
20 21 22 23	sampled regional lymph nodes." First of all, do you agree that, in light of the studies, whether you agree with them or not, and in	22 23	risk factors earlier and that there are weaker risk factors and stronger risk factors, and I would still
20 21 22	sampled regional lymph nodes." First of all, do you agree that, in light of	22	risk factors earlier and that there are weaker risk

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	Page 306		Page 308
1	BY MR. DEARING:	1	that should have been used as to buttress our
2	Q Do you know whether your new Blaustein's	2	arguments.
3	edition is going to identify talc as a risk factor for	3	BY MR. DEARING:
4	ovarian cancer, talc use?	4	Q Do you have any other criticisms of her
5	A It will be mentioned, but not in the kind of	5	methodology as far as how she reached the opinions she
6	detail that you asked me earlier. Again, to represent	6	reached?
7	the broad, general notion of what's out there.	7	A Well, as I said, there's some specific issues
8	Q In the next-to-the-last paragraph in the last	8	that I've listed in the paper. We've addressed some of
9	sentence, it says, "Our findings yield important	9	them, like analogy. There's others that I mentioned as
10	insights as to the ability of talc to migrate to	10	well. But, again, since it fails right from the
11	nodes."	11	beginning not identifying the appropriate tissue to
12	A Wait, wait, wait. I'm not seeing it.	12	study in terms of a precursor, everything else after it
13	Q I'm sorry. Page 14.	13	goes by the wayside.
14	A Yeah. Okay. 14.	14	Q As far as you know, have you identified all of
15	Q Last sentence, next-to-last	15	methodological disagreements with her in your report?
16	A "Our findings yield important" okay.	16	MS. AHERN: Objection. Form. Asked and answered.
17	Q "Our findings yield important	17	THE WITNESS: Well, in my report and what I've
18	insights as to the ability of talc to	18	stated here in the deposition.
19	migrate to nodes and under what	19	BY MR. DEARING:
20	conditions its identification to nodes	20	Q Speaking of relying on the wrong studies, back
21	and tissues is clinically meaningful and	21	to the migration I forgot to ask you a question.
22	when not."	22	So you relied on the monkey study and the
23	So do you disagree that this paper offers	23	mouse study, and I think you can see it may have little
24	important insights as to the ability of talc to migrate	24	or no relevance to the human transmigration. But if
25	to nodes?	25	you're going to consider animal studies to either
		1	
	Page 307		Page 309
1	Page 307 MS. AHERN: Objection. Form.	1	Page 309 support or refute the idea of talc migrating from the
1 2		1 2	
	MS. AHERN: Objection. Form.		support or refute the idea of talc migrating from the
2	MS. AHERN: Objection. Form. THE WITNESS: Well, as I said earlier, I still am	2	support or refute the idea of talc migrating from the perineum to the ovaries or from the vagina to the
2	MS. AHERN: Objection. Form. THE WITNESS: Well, as I said earlier, I still am not since I'm unable to truly evaluate their	2 3	support or refute the idea of talc migrating from the perineum to the ovaries or from the vagina to the ovaries, you didn't mention the Phillips study.
2 3 4	MS. AHERN: Objection. Form. THE WITNESS: Well, as I said earlier, I still am not since I'm unable to truly evaluate their procedure to prevent migration and to really pin down	2 3 4	support or refute the idea of talc migrating from the perineum to the ovaries or from the vagina to the ovaries, you didn't mention the Phillips study. Are you familiar with the Phillips study?
2 3 4 5	MS. AHERN: Objection. Form. THE WITNESS: Well, as I said earlier, I still am not since I'm unable to truly evaluate their procedure to prevent migration and to really pin down if talc is in ovarian tissues, I can't comment on the	2 3 4 5	support or refute the idea of talc migrating from the perineum to the ovaries or from the vagina to the ovaries, you didn't mention the Phillips study. Are you familiar with the Phillips study? It's a rabbit study.
2 3 4 5 6	MS. AHERN: Objection. Form. THE WITNESS: Well, as I said earlier, I still am not since I'm unable to truly evaluate their procedure to prevent migration and to really pin down if talc is in ovarian tissues, I can't comment on the validity and my impression of this analysis.	2 3 4 5 6	support or refute the idea of talc migrating from the perineum to the ovaries or from the vagina to the ovaries, you didn't mention the Phillips study. Are you familiar with the Phillips study? It's a rabbit study. MS. AHERN: Objection. Form. Mischaracterizing
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2 3 4 5 6 7 8	MS. AHERN: Objection. Form. THE WITNESS: Well, as I said earlier, I still am not since I'm unable to truly evaluate their procedure to prevent migration and to really pin down if talc is in ovarian tissues, I can't comment on the validity and my impression of this analysis. BY MR. DEARING: Q So we spent a good bit of time talking about your criticisms of Dr. Kane. Let me just ask you, do you have any criticism of her opinions that are not	2 3 4 5 6 7 8	support or refute the idea of talc migrating from the perineum to the ovaries or from the vagina to the ovaries, you didn't mention the Phillips study. Are you familiar with the Phillips study? It's a rabbit study. MS. AHERN: Objection. Form. Mischaracterizing testimony. THE WITNESS: I would have to see it.
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2 3 4 5 6 7 8 9 10 11 12 13	MS. AHERN: Objection. Form. THE WITNESS: Well, as I said earlier, I still am not since I'm unable to truly evaluate their procedure to prevent migration and to really pin down if talc is in ovarian tissues, I can't comment on the validity and my impression of this analysis. BY MR. DEARING: Q So we spent a good bit of time talking about your criticisms of Dr. Kane. Let me just ask you, do you have any criticism of her opinions that are not contained in your report? A I think it's all there. Q And with regard to her methodology for	2 3 4 5 6 7 8 9 10 11 12 13	support or refute the idea of talc migrating from the perineum to the ovaries or from the vagina to the ovaries, you didn't mention the Phillips study. Are you familiar with the Phillips study? It's a rabbit study. MS. AHERN: Objection. Form. Mischaracterizing testimony. THE WITNESS: I would have to see it. BY MR. DEARING: Q You don't remember it? A No. Q It was a study where they injected talc into the vagina of a rat and discovered that it did
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	Page 310		Page 312
1	the talc was it talc that they used?	1	hygiene where she just pours tale in her panties, which
2	Q Yes.	2	a lot of these plaintiffs have done, and then she has
3	A They introduced it into the vagina. So that	3	intercourse that day, wouldn't that force some of the
4	immediately short-circuits one of the major barriers,	4	talc particles presumably into the vagina?
5	which is from the perineum to get to the vagina. I	5	MS. AHERN: Objection. Form.
6	mean, it's closed. The vulva is closed. The labia	6	THE WITNESS: If it's still there, present at the
7	touch each other. Without physically opening them,	7	time of having intercourse, I don't know.
8	something can't get into it.	8	BY MR. DEARING:
9	Q Well, if talc could get inside the vagina,	9	Q Well
10	does that change your opinion at all about whether it	10	A It depends how much is there. I mean, it's
11	can migrate further?	11	totally speculation. I can't comment on that.
12	MS. AHERN: Objection. Form.	12	Q Is it biologically plausible that talc can be
13	THE WITNESS: First of all, I would just repeat	13	forced into the vagina if used externally
14	or say if it got into the vagina, and I'd say it can't	14	A No, I don't think that's
15	get into the vagina.	15	Q during intercourse?
16	BY MR. DEARING:	16	A biologically plausible.
17	Q I know.	17	Q You don't?
18	A And then there was a study that I cited in	18	A No.
19	which they did let me see if I can find it. They	19	Q This study that you're referring to actually
20	put particles, not talc, into the where is	20	supports what I was suggesting early on that you
21	migration? into the into the vagina. Let's see.	21	disagreed with me on, and that was that, if talc was
22	I should be able to find that. Migration.	22	introduced into the uterus, you said you still didn't
23	Okay. Here. On page 22, in the second	23	think it would migrate to the tubes or to the ovaries.
24	paragraph. You highlighted it:	24	But this dye did exactly that, didn't it? It
25	"It should be noted that even when	25	was introduced into the uterus, and in 50 percent of
23	it should be noted that even when	23	was introduced into the tierus, and in 50 percent of
	Page 311		
	rage 311		Page 313
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1 2		1 2	
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	Page 314		Page 316
1	BY MR. DEARING:	1	MS. AHERN: Objection. Form.
2	Q On your supplemental reference list I know	2	THE WITNESS: I thought I went over that
3	you didn't prepare this list, but there's a study on	3	methodology right in the beginning.
4	this list entitled Sjosten. It's spelled	4	BY MR. DEARING:
5	S-j-o-s-t-e-n. And it's entitled "Retrograde Migration	5	Q Well, you talked about a general methodology
6	of Glove Powder in the Human Female Genital Tract."	6	based on your experience, your research; but you
7	In that study that study actually finds or	7	haven't explained how you actually weigh the evidence
8	found that talc deposited in the vagina from glove	8	of the things that you consider.
9	powder it was a starch powder migrated up the	9	MS. AHERN: Objection. Form.
10	female genital tract.	10	THE WITNESS: Well, I read over Dr. Kane's report.
11	Do you recall that study? Do you know that	11	I ran down her references. And, as I said earlier, the
12	study?	12	papers that she relied on did not assess or did not
13	MS. AHERN: Objection. Form.	13	buttress her arguments about the causation of ovarian
14	THE WITNESS: Well, it's listed, but I haven't read	14	cancer based on talc usage because they didn't examine
15	that study. But, again, glove powder means it was	15	the right tissues. And I've said that before, and I
16	placed into the vagina on pelvic examination.	16	still say that.
17	BY MR. DEARING:	17	Then all the rest of it, like a set of
18	Q Right.	18	dominoes, falls because, in order to establish
19	A Not on the vulva. Oh, and by the way	19	causation, you need to look not at cancers, which many
20	Q It doesn't stay there. It didn't stay there	20	of the studies that she cited looked at because of
21	in this study. It migrated.	21	increased inflammation, it's irrelevant. What you have
22	MS. AHERN: Objection. Form.	22	to look at is the cell of origin of ovarian cancer,
23	THE WITNESS: From the?	23	which we now acknowledge comes from tubal epithelium,
24	BY MR. DEARING:	24	and the studies that she looked at didn't analyze tubal
25	Q From the vagina.	25	epithelium.
	Page 315		Page 317
1	A We talked about that already, the vagina	1	BY MR. DEARING:
2	studies described earlier.	2	Q Do you agree that, when a physician or
3	But I should also because you asked about	3	scientist is assessing or forming opinions on issues
4	sexual intercourse. And I could also I remember	4	like causation, inflammation, migration, that it's
5	that it was an epidemiologic study. I can't, off	5	important for that physician or scientist to consider
6	the top of my head, remember which one, but I know that	6	all of the relevant literature on those topics?
7	they evaluated talc in diaphragms, and that was not	7	MS. AHERN: Objection. Form.
8	associated with an increased risk of ovarian cancer	8	THE WITNESS: Well, I don't know if you can ever
9	either.	9	say all of it. You try your best to read as much as
10	MR. DEARING: Can we take just a quick break? I	10	you possibly can of the relevant literature and come to
11	think I'm almost finished.	11	a conclusion.
	AMBRO OPERATION PROMINERS:		
12	VIDEO OPERATOR BROWN: Time is now 5:59. Going off	12	BY MR. DEARING:
13	the record.	12 13	BY MR. DEARING: Q You agree with me that you've not done a
13 14	the record. (Recess taken.)	12 13 14	BY MR. DEARING: Q You agree with me that you've not done a comprehensive review of the literature on talc and
13 14 15	the record. (Recess taken.) VIDEO OPERATOR BROWN: Time is now 6:10. Back on	12 13 14 15	BY MR. DEARING: Q You agree with me that you've not done a comprehensive review of the literature on talc and inflammation?
13 14 15 16	the record. (Recess taken.) VIDEO OPERATOR BROWN: Time is now 6:10. Back on the record.	12 13 14 15 16	BY MR. DEARING: Q You agree with me that you've not done a comprehensive review of the literature on talc and inflammation? A I'm sorry. Could you repeat that?
13 14 15 16 17	the record. (Recess taken.) VIDEO OPERATOR BROWN: Time is now 6:10. Back on the record. BY MR. DEARING:	12 13 14 15 16 17	BY MR. DEARING: Q You agree with me that you've not done a comprehensive review of the literature on talc and inflammation? A I'm sorry. Could you repeat that? MS. AHERN: Objection. Form.
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Page 320 Page 318 Would you agree with me that you haven't done 1 1 conceivable study? No, I didn't do that. 2 2 BY MR. DEARING: a comprehensive search of the epidemiologic studies out 3 Q Well, the studies that you considered are 3 there on talc and ovarian cancer; in fact, you only 4 4 listed in your reference materials; right? Your two named a few in your reference materials? 5 5 reference lists; right? MS. AHERN: Objection. Form. 6 6 A Yes. THE WITNESS: Well, as I said at the beginning, in 7 7 MS. AHERN: Objection. Form. previous depositions and in the trial, I had reviewed 8 8 BY MR. DEARING: many of the epidemiologic studies to, frankly, get up 9 O In fact, some of the studies on the second 9 to speed on them because I -- up until 2015, I hadn't 10 10 reference list you didn't consider because you didn't read all those studies, but at that time, I reviewed 11 even read; right? 11 all -- you know, there was many that I thought were 12 12 A Right. relevant. So I did review them at that time. 13 13 Q So if the studies aren't on your reference I didn't review them this time because I felt, list, you did not consider them in forming your 14 14 well, I've done that in the past. And my focus at this opinions that we've been discussing today; right? 15 15 deposition would be more on ovarian carcinogenesis from 16 16 MS. AHERN: Objection. Form. the standpoint of the gynecologic pathology. 17 17 THE WITNESS: That is correct. BY MR. DEARING: 18 BY MR. DEARING: 18 Q Are you aware that quite a few epidemiology 19 19 Q So is it fair to say that you did not do a study and meta-analyses have actually been published 20 comprehensive review of the literature regarding talc 20 since 2015, since you testified? 21 21 and its ability to migrate to the ovaries from the A There have been some. And, like, I looked at 22 22 some of these abstracts. Didn't look like it changed perineum? 23 23 MS. AHERN: Objection. Form. much. 24 THE WITNESS: No, I disagree. I think I did. In 24 Q Well, you haven't looked at the Taher study; 25 25 fact, I reviewed her studies which she claims supported right? Page 321 Page 319 1 1 A Can I see that? migration, and I added other studies. 2 BY MR. DEARING: 2 MS. AHERN: Object to the form. 3 Q With regard to the issue of inflammation, you 3 (The document referenced below was 4 had not seen the Saed study that we started to go over. 4 marked Deposition Exhibit 14 for 5 You didn't recite the Ness 1999 study. You just saw 5 identification and is appended hereto.) 6 6 the Godleski 2019 study for the first time today. BY MR. DEARING: 7 7 So there are significant studies that you did Q So this is the Taher study, and it's not on 8 8 not consider in forming your opinions today; correct? your reference list. 9 MS. AHERN: Objection. Form. 9 Have you seen that study before today? 10 THE WITNESS: Well, I can tell you -- and I didn't 10 MS. AHERN: You asked about published studies? Is 11 analyze the Saed study because a number of other 11 that your question? 12 experts looked at it, and I did read their reports 12 MR. DEARING: Studies. 13 prior to this deposition and they felt that the studies 13 MS. AHERN: The question was have there been other 14 were terrible, basically. And so I didn't find it 14 published studies that you did not review? 15 necessary to review it. I found other experts 15 THE WITNESS: I have not seen this study. 16 reviewing it. 16 BY MR. DEARING: 17 And right off the bat, he was looking at 17 Q Have you reviewed the Health Canada assessment 18 ovarian cancer cells, and that's not what you're 18 that was published on the issue of talc and ovarian 19 supposed to be looking at when you're trying to 19 20 establish causation of ovarian cancer. You don't look 20 MS. AHERN: Objection. Form. 21 at ovarian cancer; you look at precursor lesions. 21 THE WITNESS: The only time I ever was aware of a 22 BY MR. DEARING: 22 Health Canada study was in reading the deposition of 23 Q Well, you've testified that epidemiology is 23 Dr. Kane. And she basically said, "Well, the findings 24 not one of your primary topics that you plan to testify 24 in the Health Canada study agree with my findings." 25 about. 25

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	Page 322		Page 324
1	BY MR. DEARING:	1	A Yes.
2	Q You haven't read the Health Canada findings,	2	Q The next question you were asked by
3	have you?	3	Mr. Dearing is:
4	A No, I haven't.	4	"Are you saying that all of the
5	Q With regard to Dr. Saed's 2019 study, are you	5	plaintiffs' experts, the 30 or so
6	aware that one of the things he looked at and studied	6	plaintiff experts that you know about,
7	were fallopian tube cells?	7	are not good scientists."
8	MS. AHERN: Objection. Form.	8	And you said, "I didn't say that."
9	THE WITNESS: I said I didn't read his study.	9	And then he asked you:
10	BY MR. DEARING:	10	"Okay. Well, my question is do you
11	Q So, no, you're not aware of the types of cells	11	agree with me that good scientists can
12	that he studied?	12	have differing opinions about cancer
13	A No.	13	etiology?"
14	Q I think that's it.	14	You said:
15	A Okay. Thank you.	15	"It's neither good or bad; I'm
16	MS. AHERN: Okay. I have just have a couple or	16	saying that reasonable people, looking
17	maybe one or two questions just for clarification.	17	at all this data, in my opinion, would
18	THE WITNESS: All right.	18	not disagree that this is that talc
19	MS. AHERN: Where is my note? Could you do me a	19	causes ovarian cancer."
20	favor and could you pull up time 15:14:19.	20	Is that consistent with your opinions on
21	Hold on a minute. There you go.	21	that you've given today on talc and ovarian cancer as
22	Tion on a name of the year go.	22	it's written
23	EXAMINATION	23	A That's a little bit of a confusing statement,
24	BY MS. AHERN:	24	I agree. It's kind of a double negative, "not
25	Q So, Doctor, you were asked repeatedly today	25	disagree." So my view is I'm sorry.
	Page 323		Page 325
1	about your opinions on ovarian cancer and talc and	1	Q Sorry. And my next question was, in response
2	whether or not you thought talc caused ovarian cancer.	2	to that question, what did you intend to say?
3	Do you remember throughout the day?	3	A What I had said earlier. And you can go back
4	A Yes.	4	and cite the same thing again, that looking at the
5	Q Okay. There are just a couple of question and	5	totality of evidence and data that's presently
6	answers that I want to go over with you, and then I'm	6	available, I don't think anyone would agree to say that
7	going to ask you a question. And I think because we	7	talc causes ovarian cancer.
8	need some clarification on something.	8	MS. AHERN: Okay. That's all the questions I have.
9	You were asked the question:	9	Thank you.
10	"Would you agree that good	10	
11	scientists can have differing opinions	11	FURTHER EXAMINATION
12	about cancer etiology?"	12	BY MR. DEARING:
13	And you responded:	13	Q Doctor, you just testified that you have not
	Here I	14	looked at the totality of all the evidence, that there
14	"That's a very, very general	1	
14 15	"That's a very, very general question. But if I frame it with the	15	are some studies you have not seen and have not looked
			are some studies you have not seen and have not looked at.
15	question. But if I frame it with the	15	
15 16	question. But if I frame it with the talc litigation, I would venture to say	15 16	at.
15 16 17	question. But if I frame it with the talc litigation, I would venture to say that a reasonable scientist viewing	15 16 17	at. So do you agree with me that you have not
15 16 17 18	question. But if I frame it with the talc litigation, I would venture to say that a reasonable scientist viewing viewing all, viewing the totality of	15 16 17 18	at. So do you agree with me that you have not considered the totality of all the evidence?
15 16 17 18 19	question. But if I frame it with the talc litigation, I would venture to say that a reasonable scientist viewing viewing all, viewing the totality of this data, I don't think anyone would	15 16 17 18 19	at. So do you agree with me that you have not considered the totality of all the evidence? A Well, "totality," insofar as what is
15 16 17 18 19 20	question. But if I frame it with the talc litigation, I would venture to say that a reasonable scientist viewing viewing all, viewing the totality of this data, I don't think anyone would agree to say that talc causes ovarian	15 16 17 18 19 20	at. So do you agree with me that you have not considered the totality of all the evidence? A Well, "totality," insofar as what is looking at available, but I didn't look at every
15 16 17 18 19 20 21	question. But if I frame it with the talc litigation, I would venture to say that a reasonable scientist viewing viewing all, viewing the totality of this data, I don't think anyone would agree to say that talc causes ovarian cancer."	15 16 17 18 19 20 21	at. So do you agree with me that you have not considered the totality of all the evidence? A Well, "totality," insofar as what is looking at available, but I didn't look at every single study, but I think if you put it all into
15 16 17 18 19 20 21	question. But if I frame it with the talc litigation, I would venture to say that a reasonable scientist viewing viewing all, viewing the totality of this data, I don't think anyone would agree to say that talc causes ovarian cancer." Do you see that?	15 16 17 18 19 20 21 22	at. So do you agree with me that you have not considered the totality of all the evidence? A Well, "totality," insofar as what is looking at available, but I didn't look at every single study, but I think if you put it all into perspective, as I mentioned when you asked me that

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Robert Kurman, M.D.

	Page 326	Page 328
1	MR. DEARING: Okay.	1 INSTRUCTIONS TO WITNESS
2	MR. ZELLERS: Thank you, everyone.	2
3	VIDEO OPERATOR BROWN: The time is now 6:23. This	3 Please read your deposition over carefully and
4	concludes the deposition. Going off the record.	4 make any necessary corrections. You should state the
5	(The deposition proceeding was concluded at 6:23 P.M.)	5 reason in the appropriate space on the errata sheet for
6	(· · · · · · · · · · · · · · · · · · ·	6 any corrections that are made.
7	ooOoo	7 After doing so, please sign the errata sheet
8		8 and date it.
9		9 You are signing same subject to the changes you
10		have noted on the errata sheet, which will be attached
11		to your deposition.
12		12 It is imperative that you return the
13		original errata sheet to the deposing attorney within
14		thirty (30) days of receipt of the deposition transcript
15		by you. If you fail to do so, the deposition transcript
16		may be deemed to be accurate and may be used in court.
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	Page 327	Page 329
1	Page 327	Page 329
1 2	Page 327	1
2	CERTIFICATE	1 2 ERRATA
2 3 4	CERTIFICATE OF	1 2 ERRATA 3
2	CERTIFICATE OF CERTIFIED SHORTHAND REPORTER	1 2 ERRATA 3 4 PAGE LINE CHANGE
2 3 4 5	CERTIFICATE OF CERTIFIED SHORTHAND REPORTER The undersigned Certified Shorthand Reporter of	1 2 ERRATA 3 4 PAGE LINE CHANGE 5
2 3 4 5 6	CERTIFICATE OF CERTIFIED SHORTHAND REPORTER The undersigned Certified Shorthand Reporter of the State of California does hereby certify:	1
2 3 4 5 6 7	CERTIFICATE OF CERTIFIED SHORTHAND REPORTER The undersigned Certified Shorthand Reporter of the State of California does hereby certify: That the foregoing proceeding was taken before me at the time and place therein set forth, at which	1
2 3 4 5 6 7	CERTIFICATE OF CERTIFIED SHORTHAND REPORTER The undersigned Certified Shorthand Reporter of the State of California does hereby certify: That the foregoing proceeding was taken before me at the time and place therein set forth, at which time the witness was duly sworn by me;	1
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2 3 4 5 6 7 8	CERTIFICATE OF CERTIFIED SHORTHAND REPORTER The undersigned Certified Shorthand Reporter of the State of California does hereby certify: That the foregoing proceeding was taken before me at the time and place therein set forth, at which time the witness was duly sworn by me; That the testimony of the witness and all objections made at the time of the examination were recorded stenographically by me and were thereafter transcribed, said transcript being a true and correct	1
2 3 4 5 6 7 8 9	CERTIFICATE OF CERTIFIED SHORTHAND REPORTER The undersigned Certified Shorthand Reporter of the State of California does hereby certify: That the foregoing proceeding was taken before me at the time and place therein set forth, at which time the witness was duly sworn by me; That the testimony of the witness and all objections made at the time of the examination were recorded stenographically by me and were thereafter	1 2 ERRATA 3 4 PAGE LINE CHANGE 5 6 REASON: 7 8 REASON: 9 10 REASON: 11 12 REASON:
2 3 4 5 6 7 8 9 10 11	CERTIFICATE OF CERTIFIED SHORTHAND REPORTER The undersigned Certified Shorthand Reporter of the State of California does hereby certify: That the foregoing proceeding was taken before me at the time and place therein set forth, at which time the witness was duly sworn by me; That the testimony of the witness and all objections made at the time of the examination were recorded stenographically by me and were thereafter transcribed, said transcript being a true and correct copy of my shorthand notes thereof;	1
2 3 4 5 6 7 8 9 10 11 12	CERTIFICATE OF CERTIFIED SHORTHAND REPORTER The undersigned Certified Shorthand Reporter of the State of California does hereby certify: That the foregoing proceeding was taken before me at the time and place therein set forth, at which time the witness was duly sworn by me; That the testimony of the witness and all objections made at the time of the examination were recorded stenographically by me and were thereafter transcribed, said transcript being a true and correct copy of my shorthand notes thereof; That the dismantling of the original transcript will void the reporter's certificate.	1
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	CERTIFICATE OF CERTIFIED SHORTHAND REPORTER The undersigned Certified Shorthand Reporter of the State of California does hereby certify: That the foregoing proceeding was taken before me at the time and place therein set forth, at which time the witness was duly sworn by me; That the testimony of the witness and all objections made at the time of the examination were recorded stenographically by me and were thereafter transcribed, said transcript being a true and correct copy of my shorthand notes thereof; That the dismantling of the original transcript will void the reporter's certificate.	1
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	CERTIFICATE OF CERTIFIED SHORTHAND REPORTER The undersigned Certified Shorthand Reporter of the State of California does hereby certify: That the foregoing proceeding was taken before me at the time and place therein set forth, at which time the witness was duly sworn by me; That the testimony of the witness and all objections made at the time of the examination were recorded stenographically by me and were thereafter transcribed, said transcript being a true and correct copy of my shorthand notes thereof; That the dismantling of the original transcript will void the reporter's certificate. In witness thereof, I have subscribed my name this date: PAMELA COTTEN, CSR, RDR	1
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	CERTIFICATE OF CERTIFIED SHORTHAND REPORTER The undersigned Certified Shorthand Reporter of the State of California does hereby certify: That the foregoing proceeding was taken before me at the time and place therein set forth, at which time the witness was duly sworn by me; That the testimony of the witness and all objections made at the time of the examination were recorded stenographically by me and were thereafter transcribed, said transcript being a true and correct copy of my shorthand notes thereof; That the dismantling of the original transcript will void the reporter's certificate. In witness thereof, I have subscribed my name this date: PAMELA COTTEN, CSR, RDR Certificate No. 4497 Certified Realtime Reporter (The foregoing certification of	1
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Robert Kurman, M.D.

	Page	330
1 ACKNOWLEDGMENT OF DEPO	NENT	
2		
3 I,, do	hereby	
4 certify that I have read the foregoing pages,	and that	
5 the same is a correct transcription of the ans	wers given	
6 by me to the questions therein propounded,	except for	
7 the corrections or changes in form or substant	nce, if any,	
8 noted in the attached Errata Sheet.	-	
9		
10		
11		
12 ROBERT KURMAN, M.D.	DATE	
13		
14 Subscribed and sworn to		
before me this		
15		
day of,20		
16		
My commission expires:		
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Notary Public	_	
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